

Section B: Validation of Collaborative Arrangement

To be completed by the individual who has **accountability** for the oversight of the professional nursing services of the Interim NP Licence holder or patient care services (e.g. NP/Physician) the Interim NP Licence holder will provide.

- (i) **Employer** (where the applicant will be employed by a regional health authority or a multi-practitioner practice setting)

Employer Name: _____

Employer's address, email and contact information:

Street/P.O Box	City/town	Province	Postal Code
_____	_____	_____	_____
Phone #	Email		
_____	_____		

By affixing a signature below the signee is confirming that the Applicant will have access in the employment setting to a licenced NP or physician who will be accessible to the Interim NP Applicant to consult with where a client's care may be outside the Interim NP Licence Applicant's competence.

Employer SIGNATURE: _____

Position: _____

DATE: _____

OR

- (ii) **NP/Physician** (where the applicant will be employed/practice in a single practitioner practice setting)

Collaborating NP or physician(s) Name: _____

NL Licence Number: _____ Good Standing²: _____ Yes _____ No

NP or Physician's work address, email and contact information:

Street/P.O Box	City/town	Province	Postal Code
_____	_____	_____	_____
Phone #	Email		
_____	_____		

² Good Standing –a valid practicing licence that does not have conditions or restrictions attached.



College of **Registered Nurses**
of Newfoundland & Labrador

By affixing a signature below the signee is confirming that they have agreed to:

- enter into a collaborative arrangement with the Interim NP Licence Applicant;
- be accessible to the Interim NP Applicant to consult with where a client's care may be outside the Interim NP Licence Applicant's competence;
- notify the Interim NP Licence Applicant of any changes in their NP or physician licensure status.

NP/Physician's SIGNATURE: _____

DATE: _____

Return completed form to registration@crn.nl.ca.