

NCAS Application Form

SECTION 1

Please check one:

1. Initial Application
Re-opened File Application

2. *Date of Birth: ____/____/____
Day Month Year

3. *NCAS ID: _____

(if you do not have an NCAS ID number please go to our website at www.ncasbc.ca and create an Online Services account to receive your unique NCAS ID)

4. FULL LEGAL NAME (as it appears on your supporting identity document):

*Last Name(s)/Surname(s): _____

*First Name(s)/Given Name(s): _____

*Middle Name(s) _____

Former Last Name (if any of your documents are in a name other than the name above):

5. ADDRESS:

Suite/Apt: _____ *Street (number and name): _____

*City: _____ *Province/State: _____

*Canadian Postal Code: _____ *Other Country Postal Code/Zip Code: _____

*Country: _____ *Home Telephone (including country code): _____

*Email Address: _____

Mailing Address (if different than current address): _____

6. *Please select the province you expect to apply for registration with: (please choose one)

<input type="checkbox"/> British Columbia Reports will be sent to the following regulatory and registry agencies: <ul style="list-style-type: none"> British Columbia College of Nurses and Midwives British Columbia Care Aide & Community Health Worker Registry 	<input type="checkbox"/> Alberta Reports will be sent to the following regulatory and registry agencies: <ul style="list-style-type: none"> College of Registered Nurses of Alberta College of Licensed Practical Nurses of Alberta 	<input type="checkbox"/> Nova Scotia Reports will be sent to the following regulatory and registry agencies: <ul style="list-style-type: none"> Nova Scotia College of Nursing 	<input type="checkbox"/> New Brunswick Reports will be sent to the following regulatory and registry agencies: <ul style="list-style-type: none"> Nurses Association of New Brunswick Association of New Brunswick Licensed Practical Nurses
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7. *Are you registered with the BC Care Aide & Community Health Worker Registry? Yes No
If yes, please provide your registration number:

8. *Have you been working in Canada as an LPN? Yes No
If yes, please provide your registration number:

9. ***Please list all of your post-secondary health care education and training:**

	Level/type of education Examples: Upskilling program, Care aide program, College diploma, University degree, Graduate degree	Profession (Examples: HCA, RN, LPN, RPN)	Country (region) of program	How long was the program (years and months)?	Was English the language of instruction in this program?	Did you complete the program? (Yes/No)
Example	College diploma	Practical nurse	India	2 years 2 months	Yes	Yes
1						
2						
3						

10. ***Please Indicate where you will get your credential review completed:**

<input type="checkbox"/> World Education Service (WES)	<input type="checkbox"/> Comparative Education Service (CES)	<input type="checkbox"/> ICAS International Credential Assessment Service of Canada	<input type="checkbox"/> International Credential Evaluation Service (ICES)	<input type="checkbox"/> National Nursing Assessment Service (NNAS) *Required: NNAS Application ID: NNAS Registration #:
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11. ***Please indicate the documentation that will be provided as proof of your English Language Skills:**

Please review the NCAS website for accepted documentation. The NCAS Credential Services may request additional documents, if needed.

- | | | | | |
|--------------------|------------------------------|--|-------------------------|--|
| CELBAN Test Scores | IELTS (Academic) Test Scores | Transcripts from a completed program in Canada | Employer Reference Form | Confirmations of primary and secondary school completion in Canada |
|--------------------|------------------------------|--|-------------------------|--|
- Credential Report-(Language of instruction is indicated as English)

Privacy Notice

British Columbia College of Nurses and Midwives (“BCCNM”) operates the Nursing Community Assessment Service (“NCAS”). BCCNM collects, uses, discloses, stores and retains personal information in compliance with the *Health Professions Act* and the *Freedom of Information and Protection of Privacy Act* (“FIPPA”). The collection of this personal information is permitted under section 26(c) and (e) of FIPPA and the information will be retained in accordance with BCCNM’s Records Retention and Disposition Schedules.

Questions relating to this privacy notice should be directed to the BCCNM Privacy Officer:

Privacy Officer
British Columbia College of Nurses and Midwives
900 – 200 Granville Street,
Vancouver, BC, Canada V6C 1S4
Tel: 604-742-6200
Email: privacy@bccnm.ca

SECTION 2

NCAS Acknowledgement, Release and Consent Agreement

You have applied to the Nursing Community Assessment Service ("**NCAS**"). NCAS is a department of the BC College of Nurses and Midwives ("**BCCNM**"). More information about NCAS is available at <https://www.ncasbc.ca/>.

CONSENT TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION

From time to time in the course of your NCAS assessment process, personal information about you ("**Your Information**") will be collected in various ways by BCCNM's NCAS staff, as well as by BCCNM's contractors and vendors in Canada and the United States of America (and their employees, sub-contractors, agents and affiliates) who are engaged by BCCNM to provide NCAS assessments or related services (collectively, "**NCAS Contractors**"). Your Information will be collected by NCAS staff and NCAS Contractors only as and when required for the purpose of facilitating your progression through and completion of your NCAS assessment process, including as may be necessary for NCAS to process your application and to verify the information provided, and the status of your NCAS assessment and your NCAS assessment results may be disclosed to any and all Canadian nursing regulators and health care aide/assistant registries. Your Information is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165.

NCAS staff and NCAS Contractors will use and disclose, by email or other method, Your Information among each other but only on a need-to-know basis, as and when required for the purpose described above. From time to time in the course of such use and disclosure, Your Information will be transmitted to, stored in, or accessed from the United States of America or elsewhere in the world. NCAS staff and NCAS Contractors will also use and disclose, by email or other method, Your Information including without limitation your NCAS identifier number when disclosing to other regulatory and registry agencies and provincial governments, but only to the extent necessary for providing your credential review and assessment results to them and for otherwise communicating with them about administrative matters including, but not limited to, any extension(s) of time to complete your assessment process or any updating or correction of Your Information. Your Information may be used or disclosed by BCCNM in aggregate, anonymized or de-identified form for research and analysis purposes.

More information about NCAS and your privacy is available at <https://www.ncasbc.ca/Pages/privacy.aspx>. If you have any questions about this collection, use and disclosure of Your Information, please contact the BCCNM Privacy Officer at privacy@bccnm.ca.

ACKNOWLEDGMENT AND RELEASE

By completing, signing, and submitting this NCAS application, you:

- certify that any information or documents that you supply with respect to your application are true and accurate to the best of your knowledge;
- acknowledge that the NCAS assessment is not binding on NCAS's member nursing regulators or any other institution or organization; and
- release BCCNM, its board and committee members, officers, NCAS staff, NCAS Contractors, and other BCCNM employees and agents from any actions, claims, demands or liability for loss or damages arising from your NCAS assessment or any use of your NCAS assessment report, or for the loss of or damage to any document submitted with respect to your NCAS assessment.

CONSENT

By signing below, I, (*print your name*) _____ hereby give my consent for BCCNM, its lawful successors and permitted assigns and its contractors and vendors to collect, use and disclose my personal information as described above.

x _____
Your Signature

Date Signed (*day/month/year*)

SECTION 3

NCAS Demographic Voluntary Questionnaire

NCAS strives to make its assessments fair and bias-free. To help us achieve that goal, we survey our assessment takers, and analyze our assessment and survey results. Please take this brief demographic survey to help us identify areas for improvement with our assessments. Your responses to this survey are voluntary, and you are not required to complete this survey as part of your NCAS application.

Privacy Notice

British Columbia College of Nurses and Midwives (“BCCNM”) operates the Nursing Community Assessment Service (“NCAS”). The personal information you provide when submitting the NCAS Demographic Voluntary Questionnaire to BCCNM helps BCCNM identify and eliminate bias in NCAS assessments, improve the reliability of the assessment and strengthen our assessment research. BCCNM collects, uses, discloses, stores and retains personal information in compliance with the *Health Professions Act* and the *Freedom of Information and Protection of Privacy Act* (“FIPPA”). The collection of this personal information through the NCAS Demographic Voluntary Questionnaire is permitted under section 26(c) and (e) of FIPPA and the information will be retained in accordance with BCCNM’s Records Retention and Disposition Schedules.

Questions relating to this privacy notice should be directed to the BCCNM Privacy Officer:

Privacy Officer
British Columbia College of Nurses and Midwives
900 – 200 Granville Street,
Vancouver, BC, Canada V6C 1S4
Tel: 604-742-6200
Email: privacy@bccnm.ca

Consent to Collection of Personal Information

Your responses to this questionnaire are voluntary. By completing and submitting this questionnaire you are providing BCCNM with consent to collect your personal information that you provide through the questionnaire.

Please check this box to confirm that you have read and understood this privacy notice, and that you consent to the collection of your personal information as described above.

1. What is your gender? _____
2. What is your age? _____
3. How many years have you lived in Canada? _____ or I have lived in Canada my whole life (If yes, please check box)
4. Please choose the option that best describes yourself:
 - I was born outside Canada. ___ Yes ___ No
 - o Specify which country: _____
5. Is English a first language for you? ___ Yes ___ No

6. Race still has important consequences, including how we are treated by different individuals and institutions.

Which race category best describes you? Please check all that apply. *Category*

- Black / African
- East Asian
- Indigenous (First Nations, Inuk/Inuit, Métis)
- Latinx
- Middle Eastern
- South Asian
- Southeast Asian
- White
- Another race category (Please describe: _____)
- Do not know
- Prefer not to answer

7. Do you identify as a racialized person (member of a visible minority in Canada)?

Note: A racialized person is a person [other than Indigenous (Aboriginal)] who is non-white in colour or race, regardless of place of birth or citizenship.

- Yes No Prefer not to answer

8. Do you identify as First Nations, Métis and/or Inuk/Inuit? (Check all that apply)

- Yes, First Nations
- Yes, Métis
- Yes, Inuk/Inuit
- No
- Prefer not to answer

9. Please list the health care roles you have held. Note: If you have held more than four positions, please list the four most recent.

	Health care role Examples: Health Care Aide, Medical Technician, Practical Nurse, Registered Nurse	Country (region) where you held this role	How long did you hold this role (years and months)?	Was English the language you used in the role?	Are you still working in this role?
Example	Registered Nurse	Mexico	2 years, 6 months	No	No
1					
2					
3					
4					

Next Steps:

NCAS cannot accept emailed applications and documents. If you have questions about uploading your application, please contact us at ienp.info@ncasbc.ca. We are here to help.

- **Completed application form, acknowledgement, release and consent agreement, and demographic questionnaire**
- **Notarized copy of two pieces of government issued identification**