

AUTHORIZED PRESCRIBERS – NPS AND RN-APS GUIDE FOR UPDATING CONTACT INFORMATION

The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by its registrants. The term nurse in this document refers to LPNs, NPs, and RNs unless otherwise stated.

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Our practice support tools are developed using current reference material. The source of this material is available upon request.

If you are an authorized prescriber, effective June 2, 2025, as per <u>NSCN by-laws</u> you will be required to maintain your most up to date employer contact information in the registrant portal, and update that contact information within 30 days of change of information.

The following resource has been developed to support you with updating your employer contact information in the NSCN registrant portal by **June 1, 2025.**

Instructions for Updating Your Employer Contact Information

- 1. Log in to the NSCN Registrant Portal.
- 2. If you have forgotten your password Click 'Forgot your password.' on the login page. Enter your username, which is the email address you use to communicate with NSCN. Enter the security code shown on the right and click 'submit'. You will receive an email with a link to reset your password. Follow the instructions to activate your profile.

If you have forgotten your username, please reach out to <u>registration@nscn.ca</u>.

3. Once you have logged in, click on 'My Profile'.

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My documents	DN. Desetising			Date	-	Total	0	Due	٥	
A My groups	Registrant #	Effective	Expires Receipt	0 invoice(s)						
My learning		11-Apr-2025	31-Oct-2025							
My profile	NP - Practising		🛓 Receipt							
Signup for PAD	Registrant #	Effective 11-Apr-2025	Expires 31-Oct-2025							
Jurisprudence										
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Powered by Alinity	Licensed Praction	cal Nurse	Add	Verifica Regula	ation o itory Bo	f Registrat odies	tion (V	OR) For		Fill in
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4. Click on 'Edit Profile'.

Home	K My Profile > Nurse TestNP			
Download registration	🖋 Edit profile			
My documents				
My groups	PERSONAL			
My learning	It is the conjuterant's corporal	hills, to accurate a Callage has success	and up to data contact and one la	mant information. We are committed to
My profile	protecting the security of you	ur personal information.	and up-to-date contact and employ	ment information, we are committed to
Signup for PAD	B. construction in the second	6 . I.	Production of the second	
Jurisprudence	Registration Number	Gender	Birth date	Age
Back to main site		choose not to answer	20000401	5
Powered by Alinity	Racial Background	Indigenous Iden	tity	
		1		
	Current Name			
	First name	Preferred first name	Middle name(s)	Last name
	Nurse		-	TestNP
	Current Address			

5. Scroll down to 'Present Nursing Employer Status'.

/hat best describes your emp	loyme	nt status between 01-Nov-2024 and	31-Oct-2025.		
mployment status		* Is this your preferred	status?	* Are you	u seeking employment?
mployed		✓ ○Yes ○No		2	
nployment					
he College requires ALL regisi elow be inaccurate, please m	trants ake th	to ensure their employment informa e necessary changes to the employe	tion is accurate and cur r in the section below.	rrent. Should ai	ny of the employment informa
Camp Hill Veterans Memo	orial E	Building			
Designation:		Display on Public Directory?			
RN		Yes			
mployment type		Employment role		Practice a	irea
	Staff Nurse/Direct care provider				
ull time		Staff Nurse/Direct care p	rovider	Geriatrics	
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a) Note: If you have multiple employers since your last renewal, you can add them now and determine which employer information you would like posted.



b) The default on Display on Public Directory is "no". You will be required to change this to yes. If you have multiple employers, choose yes for the one you want to display and no for the other employer(s).

•	
Display on Public Directory? The work contact information entered	ed below (ohone, email, and/or fax), will display in Search for a Nurse, NSCN's public nurse direct
provides information on registrants	registered and licensed in Nova Scotia.
Please add at least (1) contact metho Nurse, please reach out to us at prac	of for the employer you choose. If you have concerns with this information being displayed in Se tice@nscn.ca.
No	
Yes	

c) You will be required to fill at least one contact information field. The system will not allow you to submit the update of your profile until you have filled at least one field.

Work phone	Work email	Work fax
Example: 403-555-5555		Example: 403-555-5555
You must fill in at least one contact information	You must fill in at least one contact information	You must fill in at least one contact information
location)		
yyyy-mm-dd		

d) If you are NSH employee, you will be asked to include the organization you work for. For example, instead of NSH, you will include South Shore Regional Hospital as the organization.

pelow be inaccurate, please make t	s to ensure their employment informat he necessary changes to the employer	ion is accurate and current. Should an in the section below.	ny of the employment information
Nova Scotia Health Authority			
Designation:	Display on Public Directory?		
RN	No		
Employment type	Employment role	Practice a	rea
Full time	Staff Nurse/Direct care pr	ovider Primary car	re
Work phone	Work fax	Work ema	ail
start date			
Please select the current facility/s If you work at more than one site.	<i>ite location where you work from the li facility, please select the facility where</i>	ist (i.e. Northside General Hospital, Ab you work most often.	erdeen Hospital, Halifax Infirmary)
Please select the current facility/s If you work at more than one site. New Employment Organization	<i>ite location where you work from the li</i>	st (i.e. Northside General Hospital, Ab you work most often.	erdeen Hospital, Halifax Infirmary)
Please select the current facility/s If you work at more than one site. New Employment Organization Employment type	ite location where you work from the li facility, please select the facility where * Employment status preference ?	st (i.e. Northside General Hospital, Ab you work most often. * Employment role	erdeen Hospital, Halifax Infirmary) @ * Practice area
Please select the current facility/s If you work at more than one site. New Employment Organization Employment type Full time	ite location where you work from the li facility, please select the facility where * Employment status preference ? By choice	st (i.e. Northside General Hospital, Ab you work most often. * Employment role Staff Nurse/Direct care pr V	erdeen Hospital, Halifax Infirmary) @ * Practice area Primary care
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Please select the current facility/s If you work at more than one site. New Employment Organization Employment type Full time Employment category Permanent employee Display on Public Directory? The work contact information enter provides information on registrant	ite location where you work from the li fracility, please select the facility where * Employment status preference ? By choice * Employment funding source ? Not Applicable	 t (i.e. Northside General Hospital, Abyou work most often. * Employment role Staff Nurse/Direct care pr * Virtual care delivery ? 10% to 49% of the time will display in Search for a Nurse, NSCN a. 	erdeen Hospital, Halifax Infirmary) * Practice area Primary care * Methods of care ? In person Vs public nurse directory which

e) You will need to complete required fields – every time you update your profile including Communication Consent and then click submit.

	I CONSENT				
* Release of Informat	on for Research Purposes				
NSCN requires your o Click to read NSCN's p	nsent for the release of your pe ivacy policy	ersonal information* for	research purposes.		
⊖Yes ⊖No					
* Commercial Electron	c Messages				
Do you consent to NS any time. You cannot	N sending you electronic messa nsubscribe from messages that	ages of a commercial nat t relate to NSCN's core m	ture? You can unsubscribe andate of regulating the p	from messages of a commer profession.	cial nature at
OYes ○No					

6. Once you submit, you will get a notification that your profile has been updated.

Nova Scotia College of M	tursing Test Environmen	t	? 📢 🕲 🕒 Hi, Nurse Y	Your mella undata har baan submitted
🖌 Home	A Home			Tour prome upuale has been submitted.
Ł Download registration	Active and Future Permit	Complete My Renewal		
🗘 My documents				
👪 My groups	RN - Practising	NP - Practising	Apply	•
My learning	-Apr-2025 31-Oct-2025	RN - Practising	Apply	
My profile	NP - Practising			
Signup for PAD	Registrant # Effective Expires			
😭 Jurisprudence	11401-2023			
🗗 Back to main site	My Invoices	♦ Add Designation		
Powered by Alinity	Date • Total • Due •	Licensed Practical Nurse	Add	

If you have any questions related to updating your profile or encounter any difficulties, please reach out to <u>practice@nscn.ca</u>.