



**Individual Provider Number Application Form – Registered Nurses  
For Submission of Cytology Samples for Cervical Cancer Screening in BC**

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

CRNBC Registration #: \_\_\_\_\_

Contact Address: \_\_\_\_\_ PC: \_\_\_\_\_

E-mail Contact: \_\_\_\_\_

	Address	Phone #	Fax #
Primary Clinic			
Additional Clinic			
Other Clinic			

***The following must be fully completed, signed, and dated.  
Please mail or fax this form to the CCSP office (contact information below)***

- I have the competences identified by the Provincial Health Services Authority (PHSA) to meet the College of Registered Nurses of British Columbia’s limit and condition on pelvic exams and cervical screening.
- I will utilize the PHSA Pelvic Exam decision support tool to support my practice. References:
  - [Pelvic Exam Competencies](#)
  - [Decision Support Tool](#)
- I have read and understood my role as a specimen taker as indicated on the [Screening for Cancer of the Cervix – An Office Manual for Health Professionals](#), prepared by the Cervical Cancer Screening Program of BC Cancer Agency.
- I have a follow-up pathway in place for each clinic listed to ensure women are referred to specialist assessment and investigation when required, and will coordinate their ongoing care.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please contact Health Information Systems (HIS) to report any changes to the information provided above:  
604-877-6000 ext 2336 / [physician.updates@phsa.ca](mailto:physician.updates@phsa.ca). This is important to ensure your system file remains up-to-date.