



Application to Add or Delete a Test from a Practitioner Schedule

Note: Applications can only be initiated by a Professional College

Section 1 Applicant Information

Applicant	Application Date		
	Name		Title/Position
College	Email		Phone No.
	Professional College		
Schedule	Podiatrists	Registered Nurses	Registered Nurses (Certified)
	Midwives	Reg. Psychiatric Nurses	Reg. Psychiatric Nurses (Certified)
	Pharmacists		

Section 2 Test Information

Test	Test Name		
	Fee Code		
Scope of Practice	Change Requested	Add	Delete
	Does the test fit within the college's defined standards, limits and conditions?		
	Yes	No	N/A
Rationale	Can the practitioner take independent appropriate clinical action on the test result?		
	Yes	No	N/A
	What is the rationale for the change?		
Supporting Documents	Supporting documents attached		
	Yes	No	