



# Self-Employed Practice Guideline

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# Self-Employed Practice

Self-employed Registered Nurses (RN) and Nurse Practitioners (NP) practice within their legislative scope and personal competence, helping improve access to health care services for Saskatchewan residents. Self-employed RNs and NPs utilize their professional expertise in the interest of serving the public. Self-employed practitioners apply their knowledge, skills and judgment in many roles that enable individuals, families, groups, communities and populations to achieve optimum levels of health. These practice environments may be individual, collaborative or administrative. Self-employed practice may also be termed private practice, independent practice, contracting or consulting. Examples of self-employed practice include health promotion and prevention services such as smoking cessation, health education and risk screening; curative, restorative or palliative care such as home care, foot care and mental health services; or serving as a consultant to agencies on health care related issues.

All RNs and NPs in any area of practice are required to practice within the applicable standards, entry-level competencies and *CRNS Code of Conduct*. It is recommended that the RN and NP pursuing self-employed practice review the following applicable CRNS documents:

- *Registered Nurse Practice Standards*;
- *Nurse Practitioner Practice Standards*;
- *Registered Nurse Entry-Level Competencies*;
- *Nurse Practitioner Entry-Level Competencies*; and,
- *CRNS Code of Conduct*.

## Regulatory Authority

*The Registered Nurses Act, 1988* (the Act) provides the legislative authority for registered nurse practice in Saskatchewan. Section 15(2) of the Act enables the CRNS to create bylaws that:

- prescribe the powers and procedures of the Council;
- provide for a code of professional ethics;
- set the standards for professional conduct, competency and proficiency of nurses; and,
- further specify categories of practice and the rights and privileges of those categories.

CRNS Bylaw IV details the privileges and obligations of practicing members. Obligations of practicing members include adhering to the *CRNS Code of Conduct*, nursing standards and competencies that are incorporated by reference in Bylaw XV and set the standards for professional conduct, competency and proficiency of nurses.

Through the authority in the Act, Council creates and applies policies and procedures to approve standards and guidelines that set the expectations for registered nursing practice in Saskatchewan. This guideline provides information to support the application of the standards and competencies for self-employed practice.

Standards and competencies that apply to self-employed practice include, but are not limited to:

- Entry-level Competency: Professional
  - Maintains client privacy, confidentiality and security by complying with legislation, practice standards, ethics and organizational policies.
- Entry-level Competency: Communicator
  - Engages in active listening to understand and respond to the client's experience, preferences and health goals; and,
  - Documents and reports clearly, concisely, accurately and in a timely manner.
- Entry-level Competency: Advocate
  - Advocates for safe, competent, compassionate and ethical care for clients.
- Standard 1: Professional Responsibility and Accountability
  - Demonstrates effective communication; and,
  - Contributing to the development and integration of quality improvement principles and activities into nursing practice.

- Standard 2: Knowledge-Based Practice
  - Utilizes nursing informatics and other information and communications technology in practicing safe registered nursing care.
- Standard 3: Ethical Practice
  - Uses an ethical and reasoned decision-making process to address situations of ethical distress and dilemmas.

## Legislation

### Scope of Practice

The legislated scope of nursing practice refers to the range of services or activities in which RNs and NPs may engage and provides a foundation for individual practice based on personal competence.

RNs are legally permitted to offer health services that fall within the practice of nursing as interpreted by the CRNS. *The Registered Nurses Act, 1988* states:

In this Act:

“practice of registered nursing” means the performance or co-ordination of health care services including but not limited to:

- (a) observing and assessing the health status of clients and planning, implementing and evaluating nursing care; and,
- (b) the counselling, teaching, supervision, administration and research that is required to implement or complement health care services; for the purpose of promoting, maintaining or restoring health, preventing illness and alleviating suffering where the performance or co-ordination of those services requires:
  - (c) the knowledge, skill or judgment of a person who qualifies for registration pursuant to section 19 or 20;
  - (d) specialized knowledge of nursing theory other than that mentioned in subclause (c);
  - (e) skill or judgment acquired through nursing practice other than that mentioned in subclause (c); or
  - (f) other knowledge of biological, physical, behavioural, psychological and sociological sciences that is relevant to the knowledge, skill or judgment described in subclause (c), (d) or (e);

NPs are legally permitted to offer health services that fall within the practice of nursing as interpreted by the CRNS. The CRNS Bylaws states:

(3) In the course of engaging in the practice of registered nursing in the nurse practitioner category in one of the four specialties, a registered nurse may, subject to conditions or restrictions imposed on their license, perform the following in accordance with the practice standards and entry-level competencies:

- (a) diagnose and treat common medical disorders;
- (b) order, request, perform, receive and/or interpret reports of screening and diagnostic tests in the following areas: (i) microbiology; (ii) cytology; (iii) biochemistry; (iv) immunology; (v) haematology; and (vi) virology.
- (c) order or request medical imaging involving the application or detection of forms of energy for diagnostic or screening purposes and receive and interpret reports; or perform ultrasound imaging for the sole purpose of Point of Care diagnostic assistance (POCUS) and according to current best practice;
- (d) in accordance with federal legislation, prescribe and/or dispense: (i) drugs listed in schedules I, II and III of The Drug Schedules Regulations, 1997, as amended from time to time;
- (e) in accordance with the standards and competencies, perform minor surgical and invasive procedures in the following areas: (i) suturing; (ii) irrigation; (iii) incision and drainage; (iv) excisions; (v) intubation; and (vi) insertion.

Self-employed RNs and NPs must comply with the Act and the current CRNS Bylaws, practice standards, entry-level competencies and *CRNS Code of Conduct*, when providing care. In addition to the professional requirements, RNs and NPs in self-employed practice need knowledge of and practice in compliance with relevant health care legislation, privacy laws and business regulations.

# Recognition of Nursing Practice and Use of Title

[Recognition of Practice \(ROP\)](#) is a regulatory process whereby the CRNS determines if the practice of a self-employed RN and NP is an approved nursing practice.

Nursing services provided by self-employed RNs and NPs need to be recognized as approved nursing practice by the CRNS for the following reasons:

- liability protection through the Canadian Nurses Protective Society (CNPS) while providing approved nursing services;
- use of the title of nurse, e.g., RN, Reg.N, or NP; and,
- ability to include practice hours worked as an eligibility requirement of the annual renewal.

To ensure the services an RN or NP plans to provide is recognized and approved nursing services, RNs, and NPs consult with the CRNS prior to becoming self-employed. Through the ROP process, the practitioner provides the Registrar or designate with documentation about the services they wish to provide. The Registrar or designate then reviews the documentation to determine if the services are within the scope of practice of the practitioner. A self-employed RN or NP can only use the title of nurse, RN, Reg.N, or NP when providing approved nursing care services as outlined in the Act and approved by the CRNS. Please contact a Practice and Education Nursing Advisor for more information at [practiceadvice@crns.ca](mailto:practiceadvice@crns.ca).

## Liability Protection

RNs and NPs who hold practicing licenses with the CRNS have professional liability protection through the CNPS. CNPS is an independent, not-for-profit society that is specifically tailored to meet the professional liability needs of nurses in all nursing roles and provides liability coverage for professional nursing services that are recognized by the CRNS.

RNs and NPs who are self-employed must be knowledgeable about licensing requirements, professional obligations, accountability and liability protection. Prior to starting practice, the nurse should consult with a business lawyer, an accountant and/or tax specialist to review business structures and tax and legal implications of self-employed practice.

RNs and NPs who are self-employed need to determine the level of liability risk associated with their nursing practice to determine if they require additional personal, professional or business liability insurance. All RNs and NPs actively licensed by the CRNS have paid fees for core professional liability protection with the CNPS. Contact CNPS for more information related to professional liability protection.

## Continuing Competence Program

As practicing CRNS members, self-employed RNs and NPs are required to participate in the Continuing Competence Program (CCP). Every RN and NP must complete the CCP annually as part of the requirements to hold a license to practice registered nursing in Saskatchewan, even for a partial year. For more information on the CCP, visit the [CRNS website](#).

## Responsibilities

RNs and NPs in self-employed practice assume full responsibility and accountability for the provision of safe, competent client care. This professional autonomy requires commitment from all RNs and NPs to:

- hold a current practicing membership with the CRNS;
- practice within their scope of practice in accordance with current CRNS practice standards, entry-level competencies and *CRNS Code of Conduct*;
- demonstrate knowledge, skill and judgment in their practice domain;
- complete the annual CRNS CCP requirements; and,
- utilize current evidence-informed practice and apply that knowledge.

Additional responsibilities of self-employed practice include, but are not limited to:

- developing a written description of the scope (job description) of the intended area of practice;
- developing written policies and procedures, in accordance with current CRNS practice standards, entry-level competencies and guidelines to describe the self-employed nursing practice;
- developing written policies to address hours of work, client referral procedures, client evaluation of service, business and financial management and liability insurance coverage;
- utilizing a documentation system that meets professional and legal requirements (see *Documentation Guideline*, CRNS, 2021);
- use appropriately classified and approved medical devices in their practice for client assessment and diagnosis; and,
- implementing quality improvement and risk management strategies for maintaining quality of practice.

There may be situations where self-employed RNs are providing services that are considered an RN Specialty Practice (RNSP). In such settings, it is the responsibility of the RN to ensure there is an RN Clinical Protocol in place that includes the essential components for RNSPs. RN Clinical Protocols:

- are in the best interest of the client and appropriate to the client's environment;
- use evidence-based approaches;
- have an authorizing mechanism in place; and,
- identifies the RN competencies required to provide safe care.

See the *Registered Nurse Specialty Practices Guideline* for more information (CRNS, 2020).

## Confidentiality

The *CRNS Code of Conduct* states that "RNs are expected to protect the privacy and confidentiality of clients' personal health information as outlined in legislation and regulatory documents." (p. 8).

If a request for health information is made, self-employed RNs and NPs disclose only the information that is required and inform only those who are involved (i.e., another RN, NP, physician or appropriate authorities). The client should sign a release of information consent. Additionally, the information that was sent and to whom it was sent should be recorded. Contact CNPS for additional advice regarding confidentiality and disclosure of client information.

There are situations where self-employed RNs and NPs are obligated to disclose confidential client information. Self-employed RNs and NPs must be aware of their responsibility to report such things as:

- suspected child abuse;
- certain communicable diseases;
- gun shots and stabbings; and,
- release of information under the authority of a court order or during legal proceedings.

All client health records, in any form, are confidential and are always to be kept physically and electronically secured. RNs and NPs who engage in self-employed practice need to adhere to provincial legislation regarding privacy and confidentiality. In Saskatchewan, the provincial legislation is the *Health Information Protection Act, 1999* (HIPA). The HIPA document can be accessed from the Government of Saskatchewan website.

## Consent

A professional responsibility of self-employed RNs and NPs is to obtain informed consent, whether in person or via technology, prior to the provision of any nursing services. RNs and NPs must have the knowledge, skills and judgment to provide safe, competent and ethical care to the client. If there is a need to refer the client to another care provider, consent should be obtained from the client prior to making the referral.

## Conflict of Interest

### Ethical Considerations

Self-employed RNs and NPs are required to comply with the current *CRNS Code of Conduct*. The nurse shall not exploit any relationships to further their interests as a self-employed practitioner at the expense of the client.

### Employment

Conflict of interest occurs when the nurse either makes or is in a position to make a decision based upon what is good for the nurse's own best interests, and not in the best interest of others. Conflict of interest must be avoided by RNs and NPs. For transparency, RNs and NPs who are self-employed, as well as employed by a health care agency, should disclose their self-employment to the employer. RNs and NPs should be aware of the employer's conflict of interest policies, and in the absence of such policies, disclose their self-employment to their employer. Client referrals from employment-related contacts of RNs and NPs to self-employed services of the same RNs and NPs should not be made. RNs and NPs should declare any actual or perceived conflict of interest related to options or services with the client.

### Treatment of Family or Friends

Providing care to friends, family members or acquaintances should be limited and done with caution. Ideally, family members should be directed or referred, with consent, to another care provider as soon as possible; however, there may be times when this is not possible such as in urgent or emergent situations when no other provider is available. In this type of situation, there must be careful consideration of the impact of providing or not providing care to the client and the possible outcomes for the client.

## Compensation

### Billing Numbers

Saskatchewan does not provide individual billing numbers for nurses to directly bill any public health insurance plan for the insured health services they provide to their clients. Therefore, it is imperative for self-employed RNs and NPs to be aware of and understand any billing or fee for service legislation applicable to the services provided.

## Commission-Based Compensation

RNs and NPs may work within a commission-based compensation structure in the provision of nursing services. It is prudent for the RN and NP to review relevant material when making the decision to use or accept commission as part of a compensation structure. When deciding if commission-based compensation is appropriate, the RN/NP should ask themselves the following questions:

- How does receiving a commission impact my decision-making?
- Would I make the same decisions/recommendations for my client if I were not receiving a commission?
- Have I disclosed the potential conflict to my client?
- What actions am I taking to ensure the best decision is made in the interest of the client?

## Information Management

Documentation is an entry-level competency. All RNs and NPs in all roles, including self-employed practice are required to document all aspects of client care, i.e., the nursing process, accurately and thoroughly.

Self-employed RNs and NPs must adhere to federal and provincial legislation regarding records retention including those that are documented on paper and/or electronically. Self-employed RNs and NPs should review federal and provincial legislation, *CRNS Code of Conduct* and the CRNS Documentation Guideline to ensure they are adhering to the legal requirements. It is advisable to contact the Office of the Saskatchewan Information and Privacy Commissioner or access HIPA to become informed of privacy law in Saskatchewan.

Information management must include the following:

- confidentiality of the client information;
- accurate records of the services provided and actual client outcomes;
- documentation of the client's consent for services and/or the agreed business contract; and,
- the appropriate storage, retention and authorized release of client information.

Self-employed RNs and NPs must maintain complete and accurate client and financial records. As the custodian of client information, the obligation for storage and retention of client records may not end at the conclusion of the nurse-client relationship. Self-employed RNs and NPs may be responsible for the retention of personal health information for several years. It is advisable for self-employed RNs and NPs to contact CNPS and the Office of the Saskatchewan Information and Privacy Commissioner regarding the retention and disposal of personal health information. Disposal of client health information must be done according to federal and provincial privacy legislation.

## Policy and Procedure Development

Self-employed RNs and NPs are responsible for the development of policies and procedures to guide their practice. When developing policies and procedures RNs and NPs must adhere to the Act, the practice standards, entry-level competencies and the *CRNS Code of Conduct*. Policies should be created for both the nursing services to be provided and for the business aspect of their practice. Nursing policies for self-employed RNs and NPs should include the scope of the services provided, the necessary referral mechanism in place, the quality monitoring mechanisms used, and advertising and certification of competencies to ensure client safety.

It is advisable for self-employed RNs and NPs to consult with a lawyer regarding business policy development. Policy development should include the business budget, client accounts, billing and the filing of tax forms.

# Quality Improvement and Risk Management

Ongoing evaluation is important to ensure clients are receiving safe, competent and ethical nursing care. Feedback, both formal and informal, provides self-employed RNs and NPs with information to assess the effectiveness of services provided and the potential need to expand services. As well, self-employed RNs and NPs can benefit from a professional support system. A support system can assist self-employed RNs and NPs in discussing practice concerns and promote the sharing of information and lessons learned.

Some quality improvement and risk management strategies for maintaining quality of practice include:

- development, regular review, revision and adherence to business-related policies and procedures;
- development, regular review, revision and adherence to nursing practice-related policies and procedures;
- measurement of client care outcomes;
- regular feedback from customers and clients;
- consultation with peers and role models;
- a comprehensive information management system; and,
- knowledge of best practice standards and adherence to laws and regulations related to the business.

## Advertising

Self-employed RNs and NPs can advertise the services they provide to the public. Advertising includes any communication made orally, in print or electronic media, by or on behalf of a CRNS registrant to the public for the purpose of promoting the registrant's approved nursing services.

### Purpose

The purpose of advertising is to provide information so the public can make an informed decision when selecting registered nursing services from a self-employed RN and/or NP.

Advertising is:

- accurate, factual and evidence-based;
- verifiable;
- ethical; and,
- professional.

Registrants may engage in advertising their nursing services for the purpose of promoting, maintaining or restoring health, preventing illness and alleviating suffering. Endorsement occurs with the use of one's credentials to lend credibility to a commercial product, product line or health care service. Registrants are aware of and ethically manage the potential risks associated with endorsements, abstaining from the use of RN or NP title to endorse products, product lines or health care services that are not related to the care or services provided. Advertising and endorsement must be presented so that it maintains the public's trust in the nursing profession.

### Roles and Responsibilities

Registrants are accountable for ensuring that their nursing services meet the definition of registered nursing as in the Act before advertising their professional nursing services.

Registrants are responsible for advertising in a manner that places the focus on what is in the best interest of the client and that enables clients to make informed decisions about their health care.

Registrants who advertise nursing services:

- comply with federal, provincial and CRNS legislation;
- present information in a manner consistent with the current practice standards, entry-level competencies and the *CRNS Code of Conduct*;
- advertise services only within the legislated scope of the registrant;
- state full name and protected title in the advertisement;
- CRNS designation may only be used once Recognition of Practice approval is obtained, or if the nursing services are designated nursing activities as interpreted by the Act;
- provide an accurate written description of the services provided, including risks and benefits of the service;
- address any actual, potential or perceived conflict of interest;
- obtain informed consent;
- maintain client privacy and confidentiality; and,
- retain a copy of all advertisements for a reasonable period of time (suggested 5-year retention, or as suggested per legal counsel), for your record keeping.

Advertising should not mislead the public with exaggerated claims of the effectiveness of the service being provided. False or misleading advertising may be considered professional misconduct and could lead to an investigation by the CRNS.

## Conclusion

RNs and NPs engaging in self-employed practice must comply with their nursing practice standards, entry-level competencies, *CRNS Code of Conduct*, and applicable federal and provincial legislations. RNs and NPs have a professional responsibility to ensure their self-employed practice is an approved nursing service and is within their legislative scope of practice and personal competence.

# Appendix A - Self-Employed Practice Checklist

## Agencies to Contact

- CRNS – Recognition of Practice.
- CNPS – Legal advice, risk management services for nursing services, legal assistance, and professional liability.
- Office of the Saskatchewan Information and Privacy Commissioner – Record security, record retention, privacy and disclosure.
- Legal Counsel – Policy development.
- Insurance agency – Business insurance.
- Accountant and/or tax specialist – Business and financial management.
- Saskatchewan Health Authority and Government of Saskatchewan – Public health regulations.

## Applicable Documents

- Registered Nurse Practice Standards
- Registered Nurse Entry-Level Competencies
- Nurse Practitioner Practice Standards
- Nurse Practitioner Entry-Level Competencies
- CRNS Code of Conduct
- Documentation Guideline
- Registered Nurse Specialty Practices Guideline
- Medication Management Guideline
- Ending the NP-Client Relationship

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