

# **CRNA**

**College of Registered  
Nurses of Alberta**

## **Scope of Practice for Nurse Practitioners**

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**[CRNA.com](https://www.crna.com)**

## Purpose

This document applies to nurse practitioners (NPs), neonatal NPs, graduate NPs (GNPs) and neonatal GNPs, herein referred to as registrants unless otherwise specified. It outlines the scope of practice for registrants in Alberta to protect the public through clear expectations about what registrants are educated, authorized and competent to provide.

The scope applies whenever registrants plan, provide or evaluate care, decide to enter a new area of practice or perform **RESTRICTED ACTIVITIES**<sup>1</sup>, in any practice setting. It reflects the limits of practice set through legislation, regulation and standards of practice. Registrants are accountable to both the *Scope of Practice for Registered Nurses* and *Scope of Practice for Nurse Practitioners*. Practice settings may limit how or where services are delivered but cannot expand scope beyond what legislation and regulation permit. Individual **COMPETENCE** determines what care each registrant may safely provide.

## Registration Categories in Alberta

Under Alberta's *Health Professions Act* (HPA), registrants are regulated under a single profession with two protected titles: Nurse Practitioner and Graduate Nurse Practitioner. The College of Registered Nurses of Alberta (CRNA) issues four NP permit types:

- **Nurse Practitioner Permit:** Authorizes the registrant to provide care across the lifespan in most practice settings, excluding neonatal intensive care.
- **Neonatal Nurse Practitioner Permit:** Authorizes the registrant to provide specialized care for premature and critically ill **NEONATES**. This permit limits practice to the neonatal population.
- **Graduate Nurse Practitioner Permit:** Aligned to the NP permit type.
- **Neonatal Graduate Nurse Practitioner Permit:** Aligned to the neonatal NP permit type.

<sup>1</sup> Words and phrases displayed in **BOLD CAPITALS** upon first mention are defined in the Glossary.

GNP permits are time-limited for graduates of NP programs who have not yet met all registration requirements. They must practice in accordance with the CRNA standards, including limits on activities they are not authorized to perform. They may only provide care with **SUPERVISION** as required by the CRNA's *Supervision Standards*.

**Practice permits are not interchangeable.** To change from one permit type to the other (e.g., NP to neonatal NP or vice versa), registrants must successfully complete the required approved education program and meet the CRNA's registration requirements. Registrants may hold both NP and neonatal NP permits if they meet the requirements and remain competent in both roles.

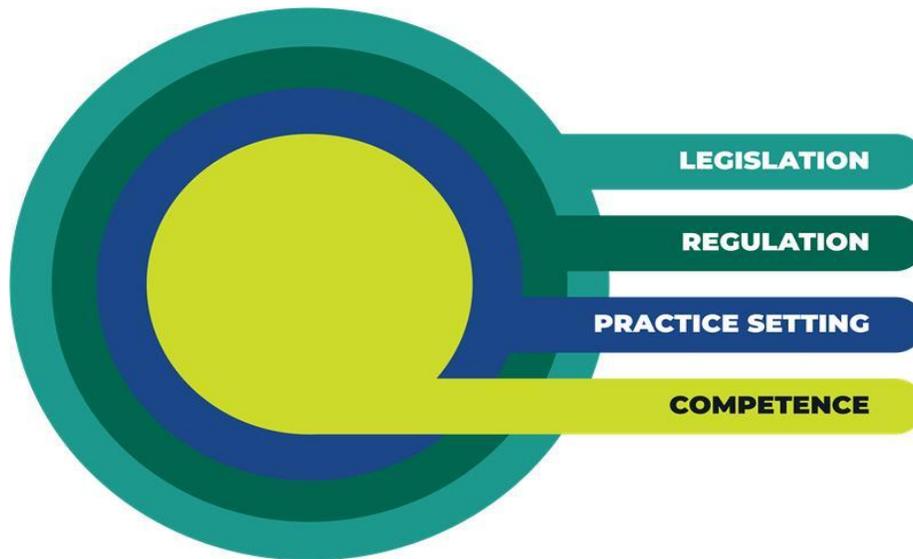
Note: As of the 2026-2027 registration year, registrants previously registered under All Ages, Adult or Child will transition to the NP permit through the regular renewal process. This transition does not automatically expand a registrant's scope of practice (see the Competence and the Significant Changes in Practice section). Neonatal NP permits are not affected by this transition, as they are already registered under a separate population-specific category and will continue to be registered in this category.

## Registrant Scope of Practice in Alberta

Registrants are autonomous, licensed health professionals with graduate-level education and advanced clinical preparation. Their scope of practice builds on the registered nurse (RN) foundation and includes additional authority to independently assess, order and interpret diagnostic tests, diagnose, prescribe and perform procedures consistent with registrant practice.

Registrants work both independently and collaboratively, applying clinical expertise and **EVIDENCE**-informed practice to promote health, prevent illness and provide person-centred, culturally safe care.

Competence reflects the registrant's individual responsibility for their knowledge, skills and judgment, and determines what they may safely provide within the limits set by legislation, regulation and practice setting.



## Legislation

Schedule 24 of the HPA defines the scope of practice and protected titles for both RNs and NPs. The legislated practice statement in Schedule 24 applies to the profession of nursing and encompasses all CRNA registrants.

The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s. 60) authorizes NPs to perform all restricted activities permitted to RNs, as well as additional restricted activities specific to NP practice, as per the *CRNA Restricted Activities Standards*.

Registrants must comply with all applicable federal and provincial legislation. Despite registrant authorization under Alberta legislation, some laws may not recognize registrant authority for certain activities. Registrants are responsible for being aware of and adhering to legislation that affects their practice.

## Regulation

Registrants are regulated by the CRNA. The CRNA:

- establishes entry-level competencies and standards of practice;
- sets registration and continuing competence requirements;
- establishes, maintains and enforces the code of ethics; and
- manages complaints, investigations and discipline.

Registrants are responsible for being aware of and complying with current regulatory requirements, including changes that may affect their practice.

## Practice Setting

A registrant's scope of practice is determined by legislation, the CRNA's [Restricted Activities Standards](#) and the registrant's individual competence.

Registrants practice in diverse health-care environments, providing a wide range of **HEALTH SERVICES**. The role of a registrant may vary based on population needs, service delivery models, practice settings and health-system priorities.

A registrant's role is defined within the practice setting. **The role may be narrowed by practice setting requirements (e.g., employer policy) but cannot be expanded beyond what legislation authorizes.** Registrants are responsible for knowing, following and remaining up to date on requirements that apply to their practice context.

When practising under an NP permit, registrants may carry out RN activities. This is an expected part of registrant practice, as the *Scope of Practice for Registered Nurses* is foundational to the NP scope of practice. When a role consists solely of RN activities, it is not considered registrant practice and does not meet registrant practice expectations.

## Competence

The NP scope of practice builds on the *Scope of Practice for Registered Nurses* and requires additional advanced knowledge, skills and judgment.

NP education programs must align with CRNA's [Entry-level Competencies for Nurse Practitioners](#). These competencies establish the minimum expectations for safe entry to practice and define the foundational knowledge, skills and judgment required at the beginning of registrant practice.

Competence is developed over time through practice experience, learning and reflection. Registrants are individually responsible for maintaining and demonstrating competence throughout their careers and must provide care only in areas where they have the competence to practice safely and effectively.

Holding a permit authorizes practice within the legislated scope of practice but does not replace the registrant's professional obligation to assess, maintain and develop competence in relation to their role, population, practice setting and clinical activities.

## SIGNIFICANT CHANGES IN PRACTICE

The registrant permit authorizes practice across the lifespan for NP permits or within the neonatal population for neonatal NP permits. However, this does not override the professional requirement to practice only in areas where the registrant is competent.

**A significant change in practice occurs when a registrant plans to change or expand their practice in a way that requires new or substantially different knowledge, skills, abilities or judgement.** This may include, for example, entering a new clinical area, performing unfamiliar procedures or serving a different population.

When planning a significant change in practice, registrants must take reasonable steps to ensure they are prepared for safe, competent practice. The preparation required will vary depending on the nature and extent of the change. A smaller change, such as adding a new skill within an existing practice setting, may require targeted education and practice support, such as mentorship or consultation with an experienced clinician. A larger change, such as changing populations or practice areas, may require formal education and structured, mentored learning with a clinician skilled in the area.

Registrants are responsible for ensuring competence development related to significant changes in practice is addressed in alignment with the CRNA's [Continuing Competence Standards](#).

## Professional Role and Responsibilities

Registrants assess, diagnose, treat and manage health conditions, provide preventative care and coordinate services across a wide range of practice settings. They may serve as part of a **PATIENT's** care team or as the **MOST RESPONSIBLE PRACTITIONER**.

Across all practice settings, registrants are responsible for:

- conducting advanced health assessments;
- making and communicating medical diagnoses;
- ordering and interpreting diagnostic tests;
- prescribing pharmacotherapy;
- authorizing cannabis for medical purposes;
- performing procedures and interventions;
- monitoring patient outcomes and adjusting care accordingly;
- providing follow-up care;
- **REFERRALS** to other health professionals and providing **CONSULTATION** as required; and
- admitting, transferring and discharging patients in accordance with organizational policies and the practice setting.

Registrants are accountable for role clarity and for working within the responsibilities authorized as defined by legislation, the CRNA standards and relevant policies.

## Transition to Registrant Practice and Mentorship

Although registrants are authorized to practice autonomously, the transition from RN to NP involves a significant shift in responsibility, decision-making and scope of practice. Mentorship and peer support are important for developing and maintaining competence, especially in early practice or during significant changes in practice.

New registrants are encouraged to seek environments that provide:

- opportunities for mentorship and collaboration;
- access to experienced peers; and
- team-based care models that support consultation and shared learning.

Regardless of setting, registrants should identify and maintain both formal and informal professional support that allow for reflection, shared learning and ongoing development.

## Glossary

**COMPETENCE** – The integrated knowledge, skills, judgement, and attributes required of a registrant to practice safely and ethically in a designated role and setting.

**CONSULTATION** – The clinical service or opinion provided by a registrant receiving the referral. A consultation may include assessment, diagnostic testing, treatment recommendations or management of a specific aspect of the patient's care.

**EVIDENCE** – Knowledge derived from research and other credible sources that support decision-making in registrant practice.

**GRADUATE NURSE PRACTITIONER** – A graduate of an approved nurse practitioner (NP) program who is on the provisional register and is in the process of meeting the College of Registered Nurses of Alberta NP registration requirements. These individuals may be graduates from an approved NP program leading to initial NP registration or internationally educated NPs.

**HEALTH SERVICE** – "A service provided to people (i) to protect, promote or maintain their health, (ii) to prevent illness, (iii) to diagnose, treat, rehabilitate, or (iv) to take care of the health needs of the ill, disabled, injured or dying" (*Health Professions Act, 2000*).

**MOST RESPONSIBLE PRACTITIONER (MRP)** – The regulated health professional designated as having overall responsibility for directing and coordinating a patient's care. In primary care, the MRP is typically the patient's ongoing primary care nurse practitioner or physician. In other settings, such as hospitals, the MRP may be the registrant responsible for a defined episode of care.

**NEONATE** – “A newborn infant, or neonate, refers to a baby in the first 28 days of life, a period marked by the highest risk of morbidity and mortality” (World Health Organization, n.d.).

**PATIENT(S)** – The term patient(s) refers to clients, residents, families, groups, communities and populations who receive medical care, treatment or professional services from a registrant.

**REFERRAL** – A formal request initiated by a registrant for another provider to offer an opinion, advice or care related to a specific aspect of the patient’s health.

**RESTRICTED ACTIVITIES** – High risk activities that require specific competencies and skills to be carried out safely and are listed in the *Health Professions Act (2000)* and the *Health Professions Restricted Activity Regulation (Alta Reg 22/2023, s 60)* that are part of providing a health service. Restricted activities are not linked to any particular health profession, and a number of regulated health practitioners may perform a particular restricted activity.

**SUPERVISION** – The consultation, guidance and oversight by a registrant in the practice setting. Supervision may be direct, indirect or indirect remote.

## References

*Health Professions Act*, RSA 2000, c H-7. <https://kings-printer.alberta.ca/documents/Acts/H07.pdf>

*Health Professions Restricted Activity Regulation*, Alta Reg 22/2023, s 60. [https://kings-printer.alberta.ca/documents/Regs/2023\\_022.pdf](https://kings-printer.alberta.ca/documents/Regs/2023_022.pdf)

World Health Organization. (n.d.). *Newborn health*. [https://www.who.int/westernpacific/health-topics/newborn-health#tab=tab\\_1](https://www.who.int/westernpacific/health-topics/newborn-health#tab=tab_1)