



Nurses Association
OF NEW BRUNSWICK



Mandate

We regulate registered nurses and nurse practitioners in New Brunswick to ensure the provision of safe, competent, compassionate and ethical care in the interest of the public.

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Table of Contents

Acknowledgements	3
Introduction to the Nursing Standards	4
Standards of Practice for Registered Nurses	5
Principles Guiding the Standards of Practice for Registered Nurses	5
Indicators for the Standards of Practice for Registered Nurses	6
Standard 1: Responsibility and Accountability	8
Standard 2: Knowledge-Based Practice	10
Standard 3: Client-Centered Practice.....	12
Standard 4: Professional Relationships and Leadership	14
Glossary	16
References	21

Acknowledgements

This Standards document was developed with a Collaborative Working Group comprised of representatives from each of the following participating jurisdictions: The Association of Registered Nurses of Newfoundland and Labrador, the Nurses Association of New Brunswick, the Registered Nurses Association of the Northwest Territories and Nunavut and the Yukon Registered Nurses Association.

Elements of this document have been adapted from the College of Registered Nurses of Nova Scotia *Standards of Practice for Registered Nurses* (2017).

Introduction to the Nursing Standards

The Nurses Association of New Brunswick (NANB) has been the professional regulatory body for registered nurses in New Brunswick since 1916. The *Nurses Act* defines the NANB responsibilities and gives them the authority to establish, maintain and promote standards of education and practice for registered nurses and nurse practitioners within New Brunswick. The regulatory framework used by the NANB has three components: promoting good practice; preventing poor practice and intervening when practice is unacceptable. This is accomplished by setting standards and supporting registered nurses and nurse practitioners to meet those standards and acting when standards are not met.

NANB's primary mandate is to protect and serve the public through **self-regulation**. Registered nurses can participate in self-regulation in many ways. For instance, by maintaining competence, participating in continuing competence education, acting professionally and accepting accountability for their own practice, maintaining fitness to practice and by taking action if they become aware of unsafe, incompetent or unethical practice (Lahey, 2011).

The *Standards of Practice for Registered Nurses* establish the regulatory and professional foundation for nursing practice. These standards establish for registered nurses, the public, government and other stakeholders the expected level of performance of a registered nurse.

This document identifies four standards for the practice of registered nurses:

- Standard 1—Responsibility and Accountability
- Standard 2—Knowledge-Based Practice
- Standard 3—Client-Centered Practice
- Standard 4—Professional Relationships and Leadership

Standards of Practice for Registered Nurses also apply to nurse practitioners. They perform activities that are not part of the scope of practice of a registered nurse therefore are also held accountable to the *Standards for the Practice of Primary Health Care Nurse Practitioners*. For the purpose of this document, registered nurses also refer to nurse practitioners.

Words or phrases in bold print are found in the glossary. They are shown in bold on first appearance.

Standards of Practice for Registered Nurses

Standards are broad and principle-based statements. They are authoritative statements that articulate conduct or performance required of registered nurses. They serve to further define responsibilities set out in legislation and regulation.

The primary purpose of standards is to identify the level of professional practice expected of registered nurses, it serves as a benchmark against which actual performance can be measured. All registered nurses are responsible for understanding the standards and applying them to their practice. The standards are interrelated and intended to define safe, competent, **compassionate** and ethical practice across all settings and **domains**.

Principles Guiding the Standards of Practice for Registered Nurses

The standards:

- apply to all registered nurses in all practice roles, including nurse practitioners;
- inform the public and others about what they can expect from practicing registered nurses;
- protect the public by supporting safe, competent, compassionate and ethical practice;
- provide guidance to assist registered nurses in their self-assessment as part of their **continuing competence**;
- are the foundation for the development of standards specific to various practice environments;
- may be used in conjunction with other resources to guide nursing practice (standards, guidelines, position statements, employer policies);
- guide decision-making for practice and when addressing **professional practice issues**;
- are used as a legal reference for reasonable and prudent practice (e.g., professional conduct processes);
- guide curriculum development and approval of baccalaureate nursing education and the nurse practitioner programs;
- may be used to develop position descriptions, performance appraisals and quality improvement tools.

Indicators for the Standards of Practice for Registered Nurses

The standards of practice are accompanied by indicators, which are developed to illustrate how each of the standards are to be met.

The indicators:

- are interrelated;
- provide specific criteria against which actual performance is measured;
- are not intended to be an all-inclusive or an exhaustive list of criteria for each standard;
- may be further interpreted based on the contexts of practice;
- may be interpreted to further describe the practice expectations of registered nurses of varying levels of competence, ranging from entry-level to advanced-level registered nurses.

In addition to the standards of practice, there are other important elements that guide nursing practice which are illustrated in figure 1.



FIGURE 1

- **Public Trust:** can be assured and maintained when registered nurses exercise judgement and practise according to all standards and documents represented in this figure to meet client needs.
- **Legislation, By-Laws and Rules:** legislation sets the legal context; By-Laws and Rules guide registered nurses in the application of legislation.
- **Standards of Practice for Registered Nurses and Code of Ethics:** standards set the expectations regarding nursing practice across the profession in all practice settings and domains; the Code of Ethics provides guidance for ethical relationships, responsibility, behaviour and decision-making.
- **Standards, Position Statements and Guidelines:** define expectations specific to an area of practice; may address components of practice such as documentation or medication administration. These documents complement the *Standards of Practice for Registered Nurses* and provide additional information on specific topics.
- **Employer Policies:** influence and direct nursing practice and its environment at the individual, organizational and system levels.
- **Client Needs:** this is the focus of nursing practice; a therapeutic relationship between the registered nurse and the client is essential in providing safe, competent, compassionate and ethical care.

STANDARD 1

**Responsibility and
Accountability**

Standard 1: Responsibility and Accountability

The registered nurse is responsible for practicing safely, competently, compassionately, and ethically and is accountable to the client, public, employer and profession.

The registered nurse:

- 1.1 fulfills and maintains all registration responsibilities and requirements;
- 1.2 practises in accordance with relevant legislation, standards, regulatory requirements, and employer policies;
- 1.3 practises in accordance with the Canadian Nurses Association's *Code of Ethics for Registered Nurses*;
- 1.4 is answerable for actions or inactions, decisions and professional conduct;
- 1.5 accepts accountability and takes action to ensure **fitness to practice**;
- 1.6 recognizes and takes actions in situations where **client safety** is potentially or actually at risk;
- 1.7 recognizes and addresses violations of practice, **incompetence**, **professional misconduct**, conduct unbecoming the profession, and/or **incapacity** of nurses and/or other health care providers and complies with **duty to report**;
- 1.8 **advocates** for and contributes to the development and implementation of policies, programs and practices that improve nursing practice and/or health care services;
- 1.9 accepts responsibility for continuing professional development, including compliance with the continuing competence program.

STANDARD 2

Knowledge-Based Practice

Standard 2: Knowledge-Based Practice

The registered nurse practises using evidence-informed knowledge, skill and judgement.

The registered nurse:

- 2.1 uses **critical inquiry** to assess, plan, intervene, and evaluate client care and related services;
- 2.2 establishes the initial nursing **plan of care** based on a comprehensive assessment;
- 2.3 monitors the effectiveness of the plan of care and revises the plan as needed in **collaboration** with the client and the **health care team**;
- 2.4 recognizes and practises within own level of **competence** and seeks additional knowledge and assistance when needed;
- 2.5 exercises reasonable judgement;
- 2.6 uses credible research findings and applies **evidence-informed practices**;
- 2.7 **assigns** and **delegates** nursing activities in accordance with client needs, the roles and competence of other providers and the requirements of the practice setting;
- 2.8 supports clients, colleagues and students by sharing nursing knowledge and expertise and by acting as an effective role model, resource, **preceptor** or **mentor**;
- 2.9 maintains accurate and **timely** documentation (written and/or electronic);
- 2.10 contributes to, uses and evaluates new knowledge and technology.

STANDARD 3

Client-Centered Practice

Standard 3: Client-Centered Practice

The registered nurse contributes to and promotes measures that optimize positive client health outcomes at the individual, organizational and system level.

The registered nurse:

- 3.1 demonstrates a **professional presence** and models professional behaviour;
- 3.2 communicates effectively and respectfully with clients to promote continuity and the delivery of safe, competent, compassionate and ethical care;
- 3.3 initiates, maintains and concludes the **therapeutic nurse-client relationship**¹;
- 3.4 upholds and protects clients' **privacy** and **confidentiality** in all forms of **communication** included but not limited to e-records, verbal, written and social media;
- 3.5 practises using a **client-centered practice**;
- 3.6 supports the client in **self-management** of their health care by providing information, resources and referrals for the client to make informed decisions and access appropriate health care services;
- 3.7 engages in **interprofessional, intraprofessional** and **intersectoral collaboration** to promote comprehensive client care;
- 3.8 advocates for, and respects the clients' dignity, rights to informed decision-making and informed consent;
- 3.9 respects diversity and promotes **cultural competence** and a **culturally safe environment** for clients and members of the health care team.

¹ Link to document : [*Standards for the Therapeutic Nurse-Client Relationship*](#)

STANDARD 4

**Professional
Relationships and
Leadership**

Standard 4: Professional Relationships and Leadership

The registered nurse establishes professional relationships and demonstrates leadership to deliver quality nursing and health care services.

The registered nurse:

- 4.1 applies the concepts of nursing **leadership** in practice;
- 4.2 coordinates, distributes and utilizes resources within their control to provide effective and efficient care;
- 4.3 communicates effectively and respectfully with other team members to promote continuity and the delivery of safe, competent, compassionate and ethical care;
- 4.4 advocates, individually and collectively, for healthy public policy and programs that are informed by the **determinants of health**;
- 4.5 contributes to and supports initiatives that improve the health system and **population health**;
- 4.6 participates in the advancement of the profession of nursing in the interest of public safety;
- 4.7 practises both independently and in collaboration with members of the health care team while understanding and respecting other team members' **scope of practice** and contributions in the delivery of safe, competent, compassionate and ethical care;
- 4.8 understands and communicates the role of registered nurses to members of the health care team, clients and the public;
- 4.9 advocates for and contributes to **quality professional practice environments**.

Glossary

ADVOCATE: Actively supporting, protecting and safeguarding clients' rights and interest. It is an integral component of nursing and contributes to the foundation of trust inherent in nurse-client relationships (CRNNS, 2017a).

ASSIGN: Allocation of client care activities among care providers in order to meet client care needs. Assignment occurs when the required care activity falls within the employing agency's policies and within the regulated health care provider's scope of practice (NANB, 2011).

CLIENT: Individuals, families, groups, populations or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant (NANB, 2018).

CLIENT-CENTERED PRACTICE: An approach in which clients are viewed as whole persons. Their care involves advocacy, empowerment, and respecting the clients' autonomy, voice, self-determination and participation in decision-making (RNAO, 2006).

CLIENT SAFETY: The reduction and mitigation of unsafe acts within the health care system, as well as through the use of best practices shown to lead to optimal client outcomes. It is meant to be inclusive of psychosocial, physical, cultural and spiritual wellbeing (CRNNS, 2017a).

COLLABORATION: Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurse collaborate with clients, other nurses and other members of the health care team in the interest of client care (RNAO, 2016).

COMMUNICATION: The transmission of verbal and/or non-verbal messages between a sender and a receiver for the purpose of exchanging or disseminating meaningful, accurate, clear, concise, complete and timely information (includes the transmission using technology) (CRNNS, 2017a).

COMPASSIONATE: The ability to recognize and be aware of the suffering and vulnerability of another, coupled with a commitment to respond with competence, knowledge and skill (CNA,2017).

COMPETENCE: The ability of a registered nurse to integrate and apply the knowledge, skills, judgments, and personal attributes to practice safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values and beliefs (CNA, 2015).

CONFIDENTIALITY: The ethical obligation to keep someone's personal and private information secret or private (CNA, 2017).

CONTINUING COMPETENCE: The ongoing ability to assess one's own practice, identify learning needs and obtain, integrate and apply the knowledge, skills and judgement required to practice safely and ethically. It is a necessary component of practice and public interest is best served when registered nurses constantly improve their application of knowledge, skill and judgment (CNA, 2004).

CRITICAL INQUIRY: A purposeful, disciplined and systematic process of continual questioning, logical reasoning and reflecting through the use of interpretation, inference, analysis, synthesis and evaluation to achieve a desired outcome (CRNNS, 2017a).

CULTURAL COMPETENCE: Is the ability to reflect on own's cultural values and how these impacts the way care is provided. It includes each registered nurse's ability to assess and respect the values, attitudes, and beliefs of persons from other cultures and respond appropriately in planning, implementing, and evaluating a plan of care that incorporates health-related beliefs and cultural values, knowledge of disease incidence and prevalence, and treatment efficacy (CNA, 2018).

CULTURALLY SAFE ENVIRONMENT: An environment, which is safe for people, where there is no assault, challenge or denial of their identity of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity (CRNNS, 2017a).

DELEGATE: Is transferring the responsibility to perform a function or intervention to a care provider (delegatee) who would not otherwise have the authority to perform it (i.e., the function or intervention is not within the scope of practice or scope of employment of the care provider to whom it is being delegated). Delegation does not involve transferring accountability for the outcome of the function or intervention although the delegatee is responsible to successfully perform the intervention or tasks (CRNNS, 2017b).

DETERMINANTS OF HEALTH: The health of individuals is determined by a person's social and economic factors, the physical environment, and the person's individual characteristics and behaviour. The determinants are income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture (PHAC, 2018).

DOMAIN: Five domains or areas of practice are identified within the profession of nursing: practice, education, administration, policy and research. The practice domain is fundamental to nursing, and all other domains ultimately exist to maintain and support practice. Registered nurses may practise in more than one domain within the context of their role (CNA, 2015).

DUTY TO REPORT: Registered nurses' question, intervene, report, and address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with their ability to provide safe, compassionate, competent and ethical care (CNA, 2017). RNs must be attentive to indications that a colleague is unable to provide such care regardless of the reason. In this situation, the RN is obligated to take the steps necessary to ensure client safety. Reporting a situation that may compromise client safety is a RN's professional obligation (CRNNS, 2017a).

EVIDENCE-INFORMED PRACTICE: Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (CRNNS, 2017a).

FITNESS TO PRACTISE: All the qualities and capabilities of an individual relevant to his or her capacity to practise as a registered nurse, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs, that impairs his or her ability to practise nursing (CNA, 2017).

HEALTH CARE TEAM: Providers from different disciplines, often including both regulated health professionals and unregulated workers, working together to provide care for and with individuals, families, groups, populations or communities. The team includes the client (CNA, 2017).

INCAPACITY: A physical or mental condition or disorder, suffered by a member, of such nature and extent that it is desirable in the interests of the public or the member that they no longer be permitted to practise nursing or that their practice be restricted (NANB, 2002).

INCOMPETENCE: Acts or omissions on the part of a member, in their professional duties, including the care of a patient, that demonstrate a lack of knowledge, skill or judgements, or disregard for the welfare of a patient of a nature and to an extent as to render the member unfit or unsafe to practise nursing or to practise nursing without conditions, limitations or restrictions (NANB, 2002).

INTERPROFESSIONAL COLLABORATION: The process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients, families and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships (CIHC, 2010).

INTERSECTORAL COLLABORATION: Is the joint action taken by health and other government sectors, as well as representatives from private, voluntary and non-profit groups, to improve the health of populations (PHAC, 2016).

INTRAPROFESSIONAL COLLABORATION: The provision of comprehensive health care services to clients by multiple members of the same profession who work collaboratively to deliver quality care within and across settings (CNO, 2018).

LEADERSHIP: A relational process in which an individual seeks to influence others towards a mutually desirable goal. It not limited to formal leadership roles (CRNNS, 2017a).

MENTOR: A registered nurse who guides, counsels and/or teaches nurse learners (mentees) in their adjustment to new environments, roles and/or responsibilities (CRNNS, 2017a).

PLAN OF CARE: A plan to guide nursing care that supports interprofessional practice and collaboration. Priority nursing interventions supporting each client's unique care and focused on the achievement of client centered goals provide a map that guides care (CRNNS, 2017c).

POPULATION HEALTH: An approach to health that aims to improve the health of the entire population (all people) and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health (PHAC, 2012).

PRECEPTOR: A registered nurses who teaches, counsels, and serves as a role model and supports the growth and development of a nurse in a particular discipline for a limited time, with the specific purpose of socializing the novice nurse in a new role. Preceptors fill the same role as mentors but for a more limited time frame (CRNNS, 2017a).

PRIMARY HEALTH CARE: A philosophy and approach that is integral to improving the health of all people living in Canada and the effectiveness of health service delivery in all care settings. PHC focuses on the way services are delivered and puts the people who receive those services at the center of care. Essential principles include accessibility; active public participation; health promotion and chronic disease prevention and management; use of appropriate technology and innovation; and intersectoral cooperation and collaboration (CNA, 2017).

PRIVACY: (1) Physical privacy is the right or interest in controlling or limiting the access of others to oneself; (2) informational privacy is the right of individuals to determine how, when, with whom and for what purposes any of their personal information will be shared. A person has a reasonable expectation of privacy in the health-care system so that health-care providers who need their information will share it only with those who require specific information (CNA, 2017).

PROFESSIONAL MISCONDUCT: Means a digression from established or recognized professional standards or rules of practice of the profession and includes the sexual abuse of patients (NANB, 2002).

PROFESSIONAL PRACTICE ISSUES: Any situation in the workplace that has or could place clients at risk by interfering with the registered nurses' ability to practise in accordance with the Standards of Practice for Registered Nurses, the Code of Ethics for Registered Nurses, the Nurses Act or other legislation, workplace policies, procedures or other relevant standards and guidelines (NANB, 2014).

PROFESSIONAL PRESENCE: Demonstration of respect, confidence, integrity, optimism, and empathy in accordance with standards, guidelines and code of ethics. It includes a registered nurse's verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of full name and title. The demonstration of professional presence leads to trusting relationships with clients, families, communities and other health care team members (CRNNS, 2018).

QUALITY PROFESSIONAL PRACTICE ENVIRONMENT: A practice environment that has the organizational and human support allocations necessary for safe, competent and ethical nursing care (CNA, 2017).

SCOPE OF PRACTICE: The activities that registered nurses are educated and authorized to perform, as set out in legislation and described by standards, limits, and conditions set by regulators (BCCNP, 2018).

SELF-MANAGEMENT: Relates to tasks and skills that an individual must undertake to live well and include gaining confidence to deal with medical management as well as role and emotional management by the individual (BC Ministry of Health, 2011).

SELF-REGULATION: In general, there are two ways a profession can be regulated: one is by the profession itself which is self-regulation and the other is directly by government. Self-regulation recognizes that the nursing profession is best qualified to determine the standards for nursing education and practice which are required to ensure the public receives safe, competent, compassionate and ethical care. NANB receives its regulatory authority from the New Brunswick government through the *Nurses Act* (NANB, 2012).

THERAPEUTIC NURSE-CLIENT RELATIONSHIP: The therapeutic nurse-client relationship is a planned, time-limited and goal-directed connection between a registered nurse and a client and his significant others, for the purpose of meeting the client's health care needs. Regardless of the context or length of the interaction, the therapeutic nurse-client relationship protects the patient's dignity, autonomy and privacy and allows for the development of trust and respect (NCSBN, 2014).

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