

Recruiting Internationally Educated Nurses to Canada

A practical guide to provincial licensing, entry privileges, work authorization, and medical screening — and how to sequence them on a real file.

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General information only, current as of June 2026. Not legal advice for any specific person or file. Immigration rules, fees and program lists change frequently — confirm current details against the official sources cited before acting.

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■ REFLECTED IN THIS EDITION (RECENT CHANGES)

- **eTA expansion.** The "known traveller" eTA list now covers the Philippines, Morocco and 11 other previously visa-required countries (most recent intake effective late December 2025).
- **Nova Scotia.** The Nova Scotia College of Nursing paused new intake to its expedited IEN licensure pathway, effective January 20, 2025.
- **Flagpoling.** Ports of entry stopped issuing work/study permits to flagpolers as of December 24, 2024 (limited exemptions remain).
- **LMIA advertising.** Low-wage LMIA advertising rose from 4 to 8 consecutive weeks on April 1, 2026 (most RN roles are high-wage and unaffected).

The three levers — at a glance

Bringing a foreign-trained nurse into a Canadian job comes down to three independent levers, plus one requirement that applies to almost everyone. None of the three substitutes for the others — you have to clear all of them, and the slowest one sets your timeline. Setting a recruit's expectations honestly at the outset is the single most valuable thing you can do.

Professional licensing

1

Can this person actually be registered to practise as a nurse in the destination province? Nursing is regulated provincially, not federally.

Entry privilege

2

What does their citizenship allow — walk up to the border, fly in on a quick electronic authorization, or apply for a full visa with background checks first and lengthy processing?

Work authorization

3

Does the job need a Labour Market Impact Assessment (the slow, expensive route), or does it fit one of the narrow LMIA exemptions (the fast route)?

The immigration medical exam

+

Because the work is in health care, a panel-physician medical exam is effectively mandatory regardless of nationality. Covered in its own section.

The rest of this guide works through each lever, gives the official sources, and ends with a recommended sequence for working a file.

■ THE HONEST FRAMING

An LMIA is a multi-month project with four-figure costs, not a form. Where an LMIA exemption exists, it is almost always the better path. And on any nursing file, the provincial college — not the federal immigration department — usually dictates the real timeline.

Provincial licensing & readiness to work

Nursing is a provincially regulated profession, so the college in the destination province — not the immigration department — is the primary gatekeeper. A visa officer will generally refuse a work permit unless they are confident the applicant is actually eligible for registration.

Licensing and work authorization can proceed in parallel, but the regulatory piece is almost always the longest pole in the tent.

The credentialing gateway

The standard procedure for an internationally educated nurse (IEN) is a report from the **National Nursing Assessment Service (NNAS)** followed by a provincial college application (such as the College of Nurses of Ontario, the CNO). The burden is on the applicant to show their training is "substantially equivalent" to Canadian standards, through a granular audit of university transcripts and clinical hours. Registration is typically contingent on clearing these educational hurdles, passing the **NCLEX-RN**, and passing a jurisprudence exam.

Recognized jurisdictions move faster

Certain jurisdictions are pre-vetted as having equivalent nursing curricula. For recruits from these areas, registration can be significantly accelerated — potentially within 30 to 60 days — and assessments can often be initiated from abroad. Because these lists are updated periodically, verify current status with the destination college before targeting a sourcing pipeline. Ontario, for example, has not published a list of recognized jurisdictions; in practice, applicants from the USA, UK, Australia and New Zealand are usually processed faster because of substantially similar standards.

The interprovincial shortcut has narrowed

Recruiters once leaned on labour-mobility arrangements: secure a licence quickly in Nova Scotia through its expedited pathway, then transfer it to Ontario. That side door has, for now, closed.

■ UPDATE — NOVA SCOTIA, EFFECTIVE JANUARY 20, 2025

The Nova Scotia College of Nursing **paused new intake to its expedited IEN licensure pathway** (which had covered nurses already registered in the Philippines, India, Nigeria, the U.S., U.K., Australia and New Zealand). Applications already in the queue continue to be processed, and the college has continued to expedite U.S. applications on request — but the traditional NNAS route is now the entry point for most new applicants, and no reopening date has been set. Plan around direct-to-destination timelines rather than interprovincial shortcuts, and reconfirm the pathway's status before building a pipeline around it.

Provisional / temporary registration

Many provinces offer a temporary or supervised registration class that lets a nurse begin clinical practice while completing full registration. IRCC may issue work permits on the strength of these provisional licences, but treat it as a case-by-case possibility rather than a guaranteed workaround for every recruit.

■ PRACTICAL TAKEAWAY

Contact the provincial regulator on day one. In any nursing file, the realistic timeline for being "registered and ready" is dictated by the college, not the federal immigration department.

Entry privilege: how the person gets to Canada

A foreign national's citizenship determines how they may travel to Canada and — importantly — whether they can apply for the work permit at a port of entry or must do it online from abroad. There are four broad buckets.

Four entry buckets, by citizenship

Bucket	Who (examples)	How they travel	Work permit route
Visa-free	U.S. citizens	No visa and no eTA required.	May apply for the work permit at a port of entry on arrival.
eTA required (visa-exempt)	Most Europeans, U.K., Australia, Japan, etc.	Need an Electronic Travel Authorization to fly: about CAD \$7, usually approved in minutes, valid up to 5 years.	Can apply at a port of entry on a genuine first arrival if otherwise eligible; applying online from abroad also works.
eTA via expansion ("partial" exemption)	Philippines, Morocco and 11 other countries	May fly on an eTA instead of a visitor visa <i>if</i> they have held a Canadian visa in the last 10 years <i>or</i> currently hold a valid U.S. non-immigrant visa.	Travel is eased, but the work permit is normally applied for online from outside Canada — POE issuance is reserved for visa-exempt nationals and trade-agreement professionals.
Visa required	Everyone else	Must obtain a temporary resident visa (TRV), with full security and background screening.	Work permit applied for online from the home country, bundled with the visa. Must show ties, funds and intent to leave at the end of the stay.

On the expansion bucket

Canada added 13 previously visa-required countries to eTA eligibility — including the Philippines and Morocco, two of the most relevant nursing-source countries — letting "known travellers" fly on a \$7 eTA rather than a full visa. It eases travel, but it does not by itself grant the right to work; the work permit is still a separate application. Check eligibility and apply at the official eTA page on canada.ca. To confirm any nationality's requirement, use IRCC's "Find out if you need a visa" tool.

■ **A NOTE ON APPLYING AT THE BORDER (FLAGPOLING)**

Since **December 24, 2024**, ports of entry no longer issue work or study permits to *flagpolers* – people who already hold temporary resident status in Canada and briefly exit (to the U.S. or St. Pierre and Miquelon) to re-enter for immigration services. This does *not* affect a foreign national making a genuine first arrival from abroad. Two groups keep port-of-entry access either way: **U.S. citizens**, and **free-trade professionals** (CUSMA, Chile and others). For everyone else, plan to apply online unless the person is making a genuine first entry and is otherwise POE-eligible.

Work authorization: LMIA vs. LMIA-exempt

There are only two ways a foreign national becomes eligible to hold a work permit: the employer gets a Labour Market Impact Assessment (the Temporary Foreign Worker Program), or the job fits an LMIA exemption (the International Mobility Program). The gap in cost, friction and speed is enormous – which is why so much of the work is figuring out whether an exemption applies.

Open vs. closed work permits

- **Open work permits** are not tied to a specific employer, occupation or location. For nurses, make sure the mandatory immigration medical exam is completed upfront, so the permit isn't issued with a condition that excludes the holder from public-health occupations.
- **Closed (employer-specific) work permits** restrict the holder to the named employer, occupation and location. This applies to all positive LMIA and most LMIA-exempt streams that require a prior job offer.

Temporary Foreign Worker Program vs. International Mobility Program

	TFWP — LMIA	IMP — LMIA-exempt
Department	Service Canada / ESDC — separate from IRCC.	IRCC, via the online Employer Portal.
Core requirement	Employer must obtain a positive LMIA proving no Canadian was available.	Job must fit a defined LMIA-exemption code (e.g. a free-trade agreement).
Recruitment test	Mandatory recruitment campaign — advertise on Job Bank plus two other methods. Minimum 4 weeks for high-wage roles (most RNs); 8 weeks for low-wage roles since April 1, 2026.	None.
Processing time	Several months just for the LMIA (commonly ~4–6 months), before any work permit is filed.	Much faster — the portal submission takes roughly 25 minutes; work permit often in the weeks-to-~2-months range.
Government fee	CAD \$1,000 per position. Bulk LMIA with unnamed positions are possible (e.g. 25 nurses ≈ \$25,000).	CAD \$230 employer compliance fee per offer of employment.
Validity	LMIA is valid for 6 months: a named worker must be attached and a work permit filed within that window.	The offer of employment generates a number the worker uses to apply; no LMIA expiry to manage.

	TFWP — LMIA	IMP — LMIA-exempt
Employer documents	Business-legitimacy and ability-to-pay proof (e.g. T2 Schedule 100/125 for corporations), plus proof the business is active (PD7A, business licence).	Business details and the offer terms entered in the portal; far lighter.
Visibility	Approved employers appear on a public quarterly list of positive-LMIA employers.	No public LMIA list; compliance is enforced through later inspections.

Why employers avoid the LMIA route

The combination of the \$1,000-per-position fee, the mandatory month-plus of advertising, the ability-to-pay documentation, the ~4–6 month wait and the public listing is enough friction that many employers simply won't do it. A representative preparing an LMIA properly typically charges in the ballpark of \$5,000 because of the recruitment substantiation involved. Where an LMIA exemption exists, it is almost always the better path.

How the fast route actually runs

Under the IMP, the employer creates an Employer Portal account, submits the offer of employment with the foreign national's details and the exemption code, pays \$230, and receives an offer-of-employment number. The worker then uses that number to apply for the work permit. The full index of exemptions is the LMIA exemption codes page on canada.ca; the TFWP/LMIA hub is the "Hire through the TFWP" page.

■ UPDATE — APRIL 1, 2026 LMIA CHANGES

For **low-wage** LMIA positions, the mandatory advertising period rose from 4 to 8 **consecutive weeks**, with new youth-recruitment requirements, and low-wage processing is suspended in a number of high-unemployment metro areas. Most registered-nurse roles are **high-wage** and still follow the 4-week advertising standard — but confirm the wage classification and region for the specific role, since nursing-adjacent positions (e.g. some support roles) can fall on the low-wage side.

THE LMIA PATHWAY: CANDIDATE JOURNEY TO WORK PERMIT (HEALTHCARE)

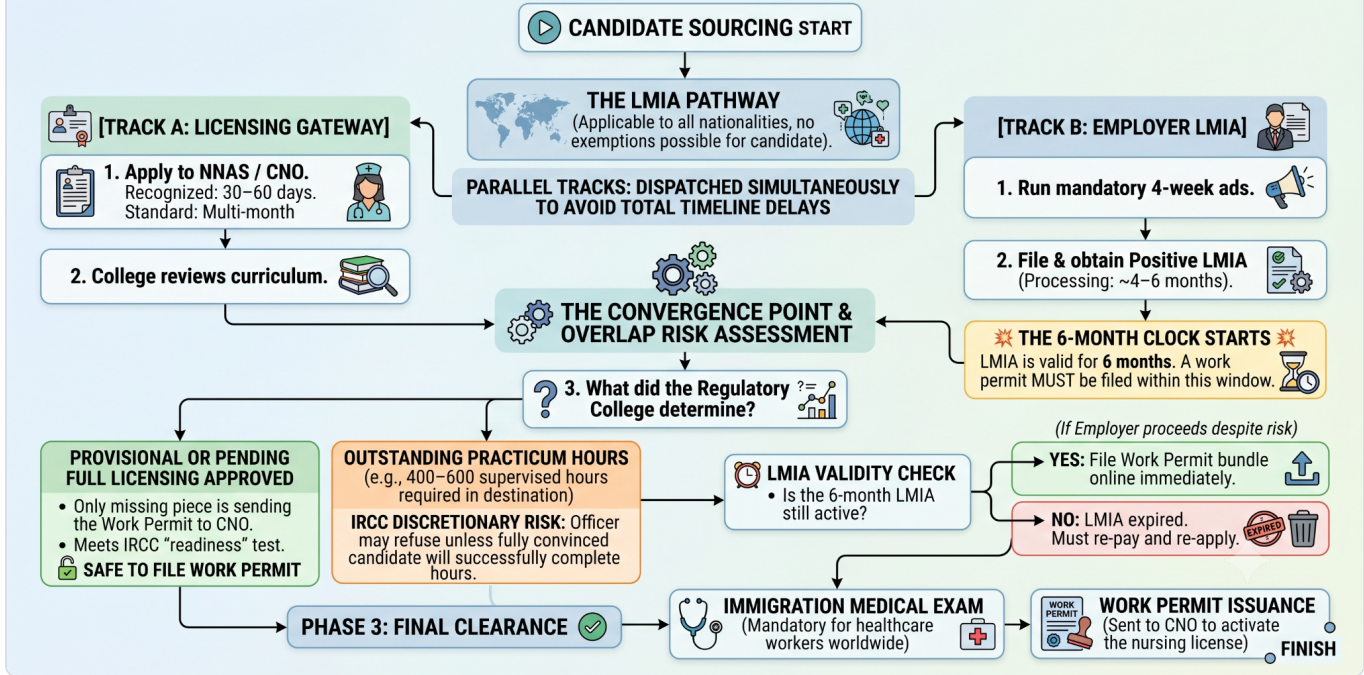


Figure 1 — The LMIA pathway: a candidate's journey to a work permit, with the licensing gateway (Track A) and employer LMIA (Track B) running in parallel.

The LMIA exemptions worth knowing for health care

Six exemptions are the most realistic fits for nursing recruitment. Each one bypasses Service Canada entirely – the employer just submits the offer through the IMP portal.

CUSMA Professionals — U.S. and Mexican citizens

Registered Nurse is on the CUSMA professionals list, and CUSMA is LMIA-exempt – the Canadian analogue to the U.S. TN visa. This is the cleanest, fastest path for an American or Mexican RN. U.S. citizens can apply for the work permit right at a port of entry (a retained exemption), so a qualified American nurse with a job offer can often be work-authorized very quickly. Mexican citizens are generally visa-required and must normally apply online from outside Canada unless they hold a valid visa or qualify for an eTA. The catch is the same as everyone else's: as a regulated profession, the nurse still needs provincial licensing – or demonstrable eligibility for it.

Chile–Canada FTA Professionals — Chilean citizens

Chile's free-trade agreement has its own professionals provision covering eligible occupations, including nurses. Chileans are eTA-eligible (they travel like the European bucket). There is also a Working Holiday option under International Experience Canada – an open work permit for eligible youth (generally under 35) – which can be a useful secondary channel for younger candidates.

Francophone Mobility — exemption code C16

The sleeper option. Open to any nationality, for skilled *and* many lower-skilled jobs (NOC TEER 0–5) located outside Quebec; the only carve-out is primary-agriculture work in TEER 4 and 5 (no fruit-pickers). The candidate must show intermediate French – roughly CLB/NCLC 5 – but **only in speaking and listening**; no French reading or writing is required, and the job itself does not need to be performed in French. Registered nursing sits at TEER 1, so it qualifies comfortably. For francophone-African nursing candidates (including part of the Morocco pipeline), C16 is often a far smoother route than chasing an LMIA.

Charitable work — exemption code C51

Under R205(d), work that is genuinely charitable in nature for a charitable organization (for example a women's health clinic or a shelter) can be LMIA-exempt. The test is the nature of the work, not just the nature of the employer. It is narrower than the trade-agreement routes – it depends heavily on the employer – but worth keeping in mind for non-profit and community-health settings.

International Experience Canada (IEC) — open work permits and young professionals

This LMIA-exempt program offers youth from partner countries a chance to gain Canadian work experience. Of its three streams — Working Holiday, Young Professionals, and International Co-op — the **Working Holiday** category is especially useful for nursing because it provides an **open work permit** that is not employer-specific. Eligibility is generally ages 18–35, though some countries cap at 30, and permits typically run one or two years depending on citizenship.

The **Young Professionals** stream also follows specific age limits (typically up to 30 or 35 depending on the country; see the appendix). Unlike Working Holiday, it requires a prior offer of employment and results in an employer-specific closed work permit.

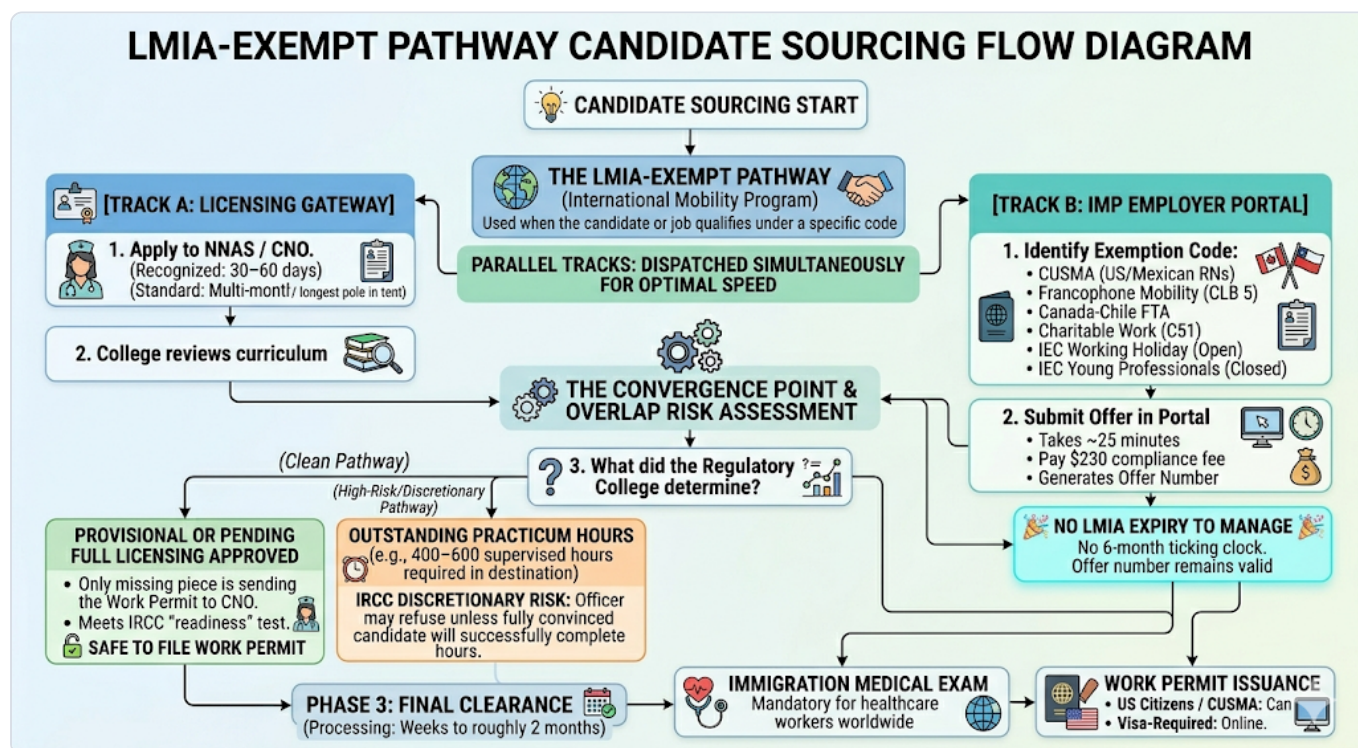


Figure 2 — The LMIA-exempt (IMP) pathway: identify the exemption code, submit the offer in the portal (~25 minutes, \$230), and there is no six-month LMIA clock to manage.

Significant Benefit: the high-bar catch-all

When a recruit falls outside trade agreements, youth mobility and the Francophone stream, and the standard LMIA process is too cumbersome for an urgent staffing need, Exemption Code C10 (Significant Benefit) is the ultimate discretionary lever.

Approach C10 with extreme caution: it is highly subjective and draws intense scrutiny from visa officers. IRCC explicitly rejects applications where C10 is used simply to bypass the rigours of an LMIA. To succeed, the employer must provide a substantial volume of evidence that the recruit's entry will yield significant social, economic or cultural benefit to Canada.

Ideal health-care use cases for C10

C10 covers a broad spectrum — from high-value entrepreneurs to humanitarian needs — but in a clinical setting it is most effective in two scenarios:

- 1 Emergency staffing in remote areas.** Where a fly-in Indigenous or northern community faces a collapse of health-care services, the immediate arrival of a nurse is an undeniable benefit. The argument rests on the fact that the multi-month LMIA lead time would actively endanger patient outcomes.
- 2 Rare and specialized clinical expertise.** If a nurse holds a unique technical capability that cannot be sourced domestically, their specialized contribution may meet the significant-benefit threshold — particularly when logistical barriers prevent a standard assessment.

The immigration medical exam — effectively mandatory

This requirement is non-negotiable for health-care recruitment, and it is easy to overlook until it stalls a file. Because a nurse works in a public-health-sensitive occupation with close patient contact, an immigration medical exam (IME) is required regardless of the person's country of origin.

This occupation-based trigger overrides the general "six months or more" rule that applies to most other temporary residents, so assume *every* nursing recruit needs one.

For **open** work permits (such as the IEC Working Holiday category), complete the medical *before* applying, so the permit issues without restrictive conditions. On **closed** permits, IRCC will typically request a medical during processing — but applicants are strongly encouraged to obtain one upfront and include proof with their submission to save time.

- **Panel physicians only.** The exam must be done by an IRCC-authorized panel physician — not the person's own family doctor. There is usually at least one in each country.
- **What it costs and includes.** The applicant pays out of pocket (commonly around CAD \$300, varying by country; not covered by IRCC or provincial health plans). It typically includes a medical history, physical exam, chest X-ray and blood/urine work.
- **What it screens for.** Danger to public health (e.g. active tuberculosis, untreated syphilis) and, in some streams, excessive demand on health or social services. Results are valid 12 months.
- **Start it early.** An "upfront" medical can often be completed before or alongside the application to save weeks. Because results expire in 12 months, time it so it doesn't lapse before the file finalizes.

Putting it together — how to work a file

A workable sequence for any individual recruit:

- 1 Licensing first.** Contact the destination province's nursing college (CNO in Ontario) and start NNAS. Confirm whether the candidate's training jurisdiction is recognized and whether provisional registration is available. This sets the real timeline.
- 2 Identify the entry bucket.** From citizenship, determine visa-exempt / eTA / eTA-expansion / visa-required — this tells you how they travel and whether a port-of-entry work-permit application is even on the table.
- 3 Find the exemption, or accept the LMIA.** CUSMA for U.S./Mexican citizens, Chile FTA for Chileans, Francophone Mobility (C16) for French speakers outside Quebec, or Charitable Work (C51). Also consider the IEC streams (Working Holiday for open permits; Young Professionals for closed). If no exemption applies, budget for the TFWP/LMIA route — months and four-figure costs.
- 4 Book the medical early.** A panel-physician IME for every recruit; time it against the 12-month validity.
- 5 File the work permit.** At a port of entry on arrival if eligible (U.S. citizen, or a genuine arrival for a visa-exempt national); otherwise online from the home country, bundled with a visa where required.

■ RULE OF THUMB

The dream candidate is licensable from a recognized jurisdiction, sits in an LMIA-exempt bucket, and travels visa-free. The hardest is a visa-required, non-exempt candidate from an unrecognized jurisdiction — every lever is on hard mode at once.

REFERENCE

Key links & official sources

All links point to official Government of Canada (canada.ca / IRCC / ESDC) pages and the relevant regulators unless noted. Confirm current details before acting on any file.

ENTRY & TRAVEL

- › Find out if you need a visa or eTA
- › Apply for an eTA
- › Ending flagpoling for work & study permits (Dec 2024)

WORK AUTHORIZATION

- › Hire through the Temporary Foreign Worker Program / LMIA
- › International Mobility Program – LMIA exemption codes index
- › Employer Portal – \$230 offer of employment

EXEMPTIONS

- › CUSMA Professionals (U.S./Mexico – includes RN)
- › Canada–Chile FTA Professionals
- › Francophone Mobility – code C16
- › Charitable / religious work – code C51
- › Significant Benefit – code C10

MEDICAL

- › Immigration medical exam – requirements
- › Find a panel physician (IRCC tool)

LICENSING & YOUTH MOBILITY

- › National Nursing Assessment Service (NNAS)
- › College of Nurses of Ontario (CNO)
- › International Experience Canada (IEC)
- › IEC bilateral agreements (IRCC manual)

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APPENDIX

International Experience Canada — country list

WH = Working Holiday (open work permit, no job offer required) · YP = Young Professionals (LMIA-exempt; job offer via Employer Portal required) · IC = International Co-op.

■ VERIFY BEFORE RELYING ON THIS TABLE

IEC terms change periodically — age caps, permit durations, quotas, and which streams a country offers. Confirm the current figures on IRCC's International Experience Canada pages and the relevant country-specific page before building a candidate's plan around them.

Country	Age	Streams	Max term (per permit)	Total permits	Stream repeat?
Andorra	18-30	WH	12 mo	1	N/A
Australia	18-35	WH, YP, IC	24 mo (WH/YP); 12 mo (IC)	2	No (1 WH/YP + 1 IC)
Austria	18-30 (WH); 18-35 (YP/IC)	WH, YP, IC	12 mo (WH/YP); 6 mo (IC)	3	No
Belgium	18-30	WH	12 mo	1	N/A
Chile	18-35	WH, YP, IC	12 mo	2	Yes
Costa Rica	18-35	WH, YP, IC	12 mo	2	No
Croatia	18-35	WH, YP, IC	12 mo	2	Yes
Czech Republic	18-35	WH, YP, IC	12 mo	2	No
Denmark	18-35	WH	12 mo	1	N/A
Estonia	18-35	WH, YP, IC	12 mo	2	No
Finland	18-35	WH, YP, IC	12 mo	3	No
France	18-35	WH, YP, IC	24 mo (WH/YP); 12 mo (IC)	2	No (1 WH/YP/VIE + 1 IC)
Germany	18-35	WH, YP, IC	12 mo	2	No
Greece	18-35	WH, YP, IC	12 mo	2	No
Hong Kong	18-30	WH	12 mo	1	N/A
Iceland	18-30	WH	12 mo	2	Yes (WH only)
Ireland	18-35	WH, YP, IC	24 mo (WH/YP); 12 mo (IC)	2	No (1 WH/YP + 1 IC)

Country	Age	Streams	Max term (per permit)	Total permits	Stream repeat?
Italy	18-35	WH, YP, IC	12 mo	2	Yes
Japan	18-30	WH	12 mo	2	Yes (WH only)
Latvia	18-35	WH, YP, IC	12 mo	2	No
Lithuania	18-35	WH, YP, IC	12 mo	2	No
Luxembourg	18-35	WH, YP, IC	12 mo	1	N/A
Netherlands	18-30	WH, YP	12 mo	2	No
New Zealand	18-35	WH	23 mo	1	N/A
Norway	18-35	WH, YP, IC	12 mo	2	No
Poland	18-35	WH, YP, IC	12 mo	2	No
Portugal	18-35 (18-29 YP Inov)	WH, YP, IC	24 mo	1	N/A
San Marino	18-35	WH	12 mo	2	Yes (WH only)
Slovakia	18-35	WH, YP, IC	12 mo	2	No
Slovenia	18-35	WH, YP, IC	12 mo	2	No
South Korea	18-35	WH, YP, IC	24 mo	2	Yes (WH/YP; IC once)
Spain	18-35 (18-30 ICEX)	WH, YP, IC	12 mo	2	No
Sweden	18-30	WH, YP, IC	12 mo	2	No
Switzerland	18-35	YP, IC	18 mo total	2	Yes (total max 18 mo)
Taiwan	18-35 (18-30 TGPI)	WH, YP, IC	12 mo	1	N/A
United Kingdom	18-35	WH, YP, IC	24 mo (1st); 12 mo (2nd)	2 (max 36 mo)	Yes

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