THIS ISSUE HAS NO PART III
(REGULATIONS)/CE NUMÉRO NE
CONTIENT PAS DE PARTIE III (RÈGLEMENTS)

The Saskatchewan Gazette

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PART I/PARTIE I

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SPECIAL DAYS/JOURS SPÉCIAUX

The following day has been designated by the Minister of Health as:

"National Physician Assistants Day" in Saskatchewan, November 27, 2026.

The following day has been designated by the Minister of Health as:

"World AIDS Day" in Saskatchewan, December 1, 2026.

The following day has been designated by the Minister of Health as:

"International Day of Persons with Disabilities" in Saskatchewan, December 3, 2026.

The following week has been designated by the Minister of Health as:

"AIDS Awareness Week" in Saskatchewan, November 25 to December 1, 2026.

The following week has been designated by the Minister of Health as:

"Indigenous AIDS Awareness Week" in Saskatchewan, December 1 to 7, 2026.

APPOINTMENTS/NOMINATIONS

APPOINTMENT OF CORONERS

The following Coroners have been appointed, effective immediately:

Amanda Watson, Regina
Kaitlyn Froehlich, Regina
Rylee Shumay, Regina
Mark McCormick, Buena Vista
Josephine Rybchuk, Saskatoon
Paula Woodhouse, Saskatoon
Robin Roger, Meadow Lake

Tatiana Fogarty,
Administrative Support,
Saskatchewan Coroners Service.

PROGRESS OF BILLS/RAPPORT SUR L'ÉTAT DES PROJETS DE LOI

(Third Session, Thirtieth Legislative Assembly/Trentième session, 30e Assemblée législative)

Government Bills/Projets de loi émanant du gouvernement

Bill No./ N° du projet de loi	Name (listed Alphabetically)/ Nom (par ordre alphabétique)	Coming into force/ Entrée en vigueur
81	*The Adoption Act, 2026 / Loi de 2026 sur l'adoption*	Order of Lieutenant Governor
82	*The Adoption Consequential Amendments Act, 2026*	Specific Event
80	*The Alcohol and Gaming Regulation Amendment Act, 2026/ Loi modificative de 2026 sur la réglementation des boissons alcoolisées et des jeux de hasard*	Order of Lieutenant Governor
75	*The Community Support and Recovery Act*	Order of Lieutenant Governor
67	*The Coroners Amendment Act, 2026*	On Assent
83	*The Driver, Vehicle Use and Safe Roads Act, 2026*	Order of Lieutenant Governor
68	*The Enforcement of Maintenance Orders Amendment Act, 2026/ Loi modificative de 2026 sur l'exécution des ordonnances alimentaires*	Order of Lieutenant Governor
69	*The Legal Profession Amendment Act, 2026*	Order of Lieutenant Governor
70	*The Legal Profession Consequential Amendment Act, 2026/ Loi de 2026 corrélative de la loi intitulée The Legal Profession Amendment Act, 2026*	Specific Event
61	*The Mandatory Testing and Disclosure (Bodily Substances) Amendment Act, 2026*	Order of Lieutenant Governor
73	*The Medical Assistance in Dying Additional Safeguards Act*	Order of Lieutenant Governor
77	*The Mineral Resources (Miscellaneous) Amendment Act, 2026*	On Assent/Order of Lieutenant Governor
78	*The Mineral Resources Wells and Facilities Operations Act*	Order of Lieutenant Governor
63	*The Municipal Employees' Pension Amendment Act, 2026*	Order of Lieutenant Governor
72	*The Opioid Damages Amendment Act, 2026*	On Assent/ Specific Date
71	*The Personal Care Homes (Safer Homes for Seniors) Amendment Act, 2026*	Order of Lieutenant Governor
66	*The Pooled Registered Pensions Plans (Saskatchewan) Amendment Act, 2026*	Order of Lieutenant Governor
76	*The Prevention of Deceptive Artificial Intelligence Act*	Order of Lieutenant Governor
65	*The Protection From Human Trafficking Amendment Act, 2026*	Order of Lieutenant Governor

Bill No./ Nº du projet de loi	Name (listed Alphabetically)/ Nom (par ordre alphabétique)	Coming into force/ Entrée en vigueur
84	*The Protection of Economic Infrastructure Act*	Order of Lieutenant Governor
79	*The Red Tape Reduction and Accountability Act*	Order of Lieutenant Governor
64	*The Revenue and Financial Services Amendment Act, 2026*	On Assent/ Specific Date
62	*The Statute Law Amendment Act, 2026*	On Assent/ Specific Event
74	*The Workers' Compensation (Strengthening Compensation Outcomes) Amendment Act, 2026*	Order of Lieutenant Governor

Private Members' Bills/Projets de loi émanant des députés

Bill No./ Nº du projet de loi	Name (listed Alphabetically)/ Nom (par ordre alphabétique)	Coming into force/ Entrée en vigueur
636	*The Consumer Protection and Business Practices (Banning Unfair A.I. Pricing) Amendment Act*	On Assent
638	*The Freedom of Information and Protection of Privacy (Accountability and Transparency) Amendment Act*	On Assent
635	*The Provincial Health Authority (Banning Parking Fees for Cancer Patients) Amendment Act*	On Assent
633	*The Provincial Sales Tax Amendment Act, 2026*	On Assent
632	*The Rent Control Act, 2026*	On Assent
631	*The Restricting Property Controls for Grocery Stores and Supermarkets Act*	On Assent
639	*The Saskatchewan Assistance (Direct Payment of Rent and Utilities) Amendment Act*	On Assent
637	*The Saskatchewan Employment (National Day for Truth and Reconciliation) Amendment Act*	On Assent
634	*The Saskatchewan Medical Care Insurance (Banning Private Fees) Amendment Act*	On Assent

ACTS NOT YET IN FORCE/LOIS NON ENCORE EN VIGUEUR

Title/ Titre:	Chapter/ Chapitre:
The Aboriginal Courtworkers Commission Act, SS 1995 Assented to May 18, 1995	A-1.1
The Animal Protection Amendment Act, 2026, SS 2026 Assented to May 14, 2026	4
The Apiaries Amendment Act, 2020, SS 2020 Assented to July 3, 2020	18
The Automobile Accident Insurance (Miscellaneous) Amendment Act, 2023, SS 2023 Assented to April 6, 2023, sections 3, 8, 9, 18, 19, 21 and 25 not yet in force	2

Title/ Titre:	Chapter/ Chapitre:
The Building Schools Faster Act, SS 2026 Assented to May 14, 2026	6
The Business Corporations Act, 2021, SS 2021 Assented to May 13, 2021, subsection 7-2(5) not yet proclaimed	6
The Cannabis Control (Saskatchewan) Amendment Act, 2023, SS 2023 Assented to May 17, 2023, sections 1 to 5 and 7 to 37 not yet proclaimed	22
The Change of Name Amendment Act, 2026, SS 2026/Loi modificative de 2026 sur le changement de no, LS 2026 Assented to May 14, 2026	8
The Compassionate Intervention Act, SS 2026 Assented to May 14, 2026	9
The Consumer Protection and Business Practices Act, SS 2013 Assented to May 15, 2013, sections 114 to 116 and 118 to 119, subsections 121(2) and 122(3) to (5), (7) and (8) not yet proclaimed	C-30.2
The Co-operatives Act, 2026, SS 2026/Loi de 2026 sur les coopératives, LS 2026 Assented to May 14, 2026	10
The Correctional Services Amendment Act, 2026, SS 2026 Assented to May 14, 2026, clauses 3(d), sections 5 to 7 and 9, and clauses 14(a) and (c) not yet in force	13
The Credit Union Act, 1998, SS 1998 Assented to June 11, 1998, clauses 2(1)(v), subsection 9(2), clause 10(c), Parts VI and XXI, clauses 440(1)(o) to (s) and (hh), and subsection 440(2) not yet proclaimed	C-45.2
The Credit Union Amendment Act, 2010, SS 2010 Assented to May 20, 2010, clause 3(b) not yet proclaimed	8
The Credit Union Amendment Act, 2026, SS 2026 Assented to May 14, 2026	14
The Data Matching Agreements Act, SS 2018 Assented to May 9, 2018	D-1.3
The Dental Disciplines Amendment Act, 2022, SS 2022 Assented to May 18, 2022	6
The Enforcement of Judgments Conventions Act, SS 1998/Loi sur les conventions sur l'exécution de jugements, LS 1998 Assented to June 11, 1998	E-9.13
The Enforcement of Maintenance Orders Amendment Act, 2012, SS 2012/Loi de 2012 modifiant la Loi de 1997 sur l'exécution des ordonnances alimentaires, LS 2012 Assented to May 16, 2012, section 6 not yet proclaimed	13
The Financial Planners and Financial Advisors Act, SS 2020 Assented to July 3, 2020, sections 1-51 and 53 not yet in force	22
The Health Information Protection Act, SS 1999 Assented to May 6, 1999, section 69 not yet proclaimed	H-0.021
The Highways and Transportation Act, 1997, SS 1997 Assented to May 21, 1997, section 13 not yet proclaimed	H-3.01
The Insurance Act, SS 2015 Assented to May 14, 2015, clause (f) of the definition of "insurance agent" in subclause 1-2(1), subsection 5-79(2), sections 7-16 and 7-19, clauses 7-24(a) to (c), and subsections 8-55(6), 8-108(2) and 8-171(2) not yet proclaimed	I-9.11

Title/ Titre:	Chapter/ Chapitre:
The International Protection of Adults (Hague Convention Implementation) Act, SS 2005/Loi de mise en oeuvre de la Convention de la Haye sur la protection internationale des adultes, LS 2005 Assented to May 27, 2005	I-10.21
The Land Surveys Act, 2000, SS 2000 Assented to June 29, 2000, section 22 and Parts IV and VII not yet proclaimed	L-4.1
The Land Titles Amendment Act, 2012, SS 2012 Assented to May 16, 2012	19
The Life Leases Act, 2022, SS 2022 Assented to May 18, 2022	21
The Management and Reduction of Greenhouse Gases Act, SS 2010 Assented to May 20, 2010, clauses 2(a), (b), (g) to (i), (n), (o), (q), (t), (w) and (x), clauses 7(2)(i) to (l), (n), and (o), subsections 7(7) and (8), sections 10 to 16, 20, 22, 24 to 60 and 66, clause 75(4)(e), subsections 75(5) and (6), sections 77, clause 78(1)(b), subsection 78(11), and clauses 84(1)(b), (e), (g), (i), (j), (l), (s), (u) to (w) and (z) not yet proclaimed	M-2.01
The Massage Therapy Act, SS 2021 Assented to May 13, 2021	18
The Medical Profession Amendment Act, 2026, SS 2026 Assented to May 14, 2026, Part 3 not yet in force	23
The Midwifery Act, SS 1999 Assented to May 6, 1999, subsections 7(2) to (5), sections 8 to 10 not yet proclaimed	M-14.1
The Miscellaneous Municipal Statutes Amendment Act, 2020, SS 2020 Assented to July 3, 2020, sections 3-38, 4-9, 4-29 and 4-81 not yet in force	30
The Miscellaneous Statutes (Appeal Provisions) Amendment Act, 2021, SS 2021 Assented to May 13, 2021, sections 17 and 24 not yet in force	19
The Miscellaneous Statutes (Health Professions) Amendment Act, 2023, SS 2023 Assented to April 6, 2023, sections 10-1 to 10-12 not yet in force.	6
The Miscellaneous Statutes (Public Registries Enhancement) Amendment Act, 2025, SS 2025 Assented to May 13, 2025, sections 2 to 10 and subsection 11(3) and (4) not yet in force	8
The Miscellaneous Statutes (Public Registries Enhancement) Amendment Act, 2025 (No. 2), SS 2025/ Loi modificative diverse (amélioration des registres publics) de 2025 (n° 2), LS 2025 Assented to May 13, 2025	9
The Miscellaneous Statutes Repeal Act, 2024, SS 2024 Assented to March 19, 2024, section 3 not yet proclaimed	7
The Miscellaneous Statutes Repeal Act, 2025, SS 2025 Assented to December 4, 2025, section 2 not yet in force	25
The Municipalities Modernization and Red Tape Reduction Act Assented to May 14, 2026 sections 2-3, 2-16, 2-18, 2-22, 2-24, subsections 2-25(1) and (3), sections 2-26, 2-29 to 2-31, 3-10, 3-24, 3-28, 3-32, 3-34, 3-37, 3-38, 3-40 to 3-42, 4-15, 4-24, 4-26, 4-29, 4-30, 4-32 to 4-34 and 5-1 not yet in force	25
The Naturopathic Medicine Act, SS 2015 Assented to May 14, 2015	N-3.11

Title/ Titre:	Chapter/ Chapitre:
The Non-profit Corporations Act, 2022, SS 2022/Loi de 2022 sur les organisations sans but lucratif, LS 2022 Assented to May 18, 2022, subsection 6-4(5) not yet in force	25
The Pawned Property (Recording) Amendment Act, 2021, SS 2021 Assented to May 13, 2021	21
The Pension Benefits Amendment Act, 2023, SS 2023 Assented to May 17, 2023	38
The Police Amendment Act, 2020, SS 2020 Assented to July 3, 2020, sections 3 and 4 not yet in force	33
The Power Corporation Amendment Act, 2013, SS 2013 Assented to May 15, 2013, section 7 not yet proclaimed	25
The Prescription Drugs Amendment Act, 2002, SS 2002 Assented to June 20, 2002, section 4 not yet proclaimed	22
The Protection From Human Trafficking (Coerced Debts) Amendment Act, SS 2024 Assented to May 8, 2024	16
The Provincial Health Authority Act, SS 2017 Assented to May 17, 2017, subsections 4-1(3), (4) and (5), 6-4(3) and (4), 8-1(2), (3) and (4), and that portion of subsection 11-15(4) that adds subsection 7.1(2) of *The Mental Health Services Act* not yet proclaimed	P-30.3
The Provincial Lands Act, 2016, SS 2016 Assented to November 30, 2016, section 1-2 that adds the definition of "fund", sections 3-4 to 3-9, and that portion of section 10-1 that repeals section 6 of *The Ecological Reserves Act* not yet proclaimed	P-31.1
The Provincial Sales Tax Amendment Act, 2018, SS 2018 Assented to May 30, 2018, subsection 4(3) and clause 12(a) not yet proclaimed	30
The Public Health Act, 1994, SS 1994 Assented to June 2, 1994, subsection 73(5) not yet proclaimed	P-37.1
The Public Health Amendment Act, 2004, SS 2004 Assented to June 17, 2004, section 7 not yet proclaimed	46
The Publicly-funded Health Entity Public Interest Disclosure Act, SS 2021 Assented to May 13, 2021	25
The Regulated Health Professions Act, SS 2025 Assented to May 13, 2025	12
The Reviewable Transactions Act, SS 2022 Assented to May 18, 2022	34
The Royal Saskatchewan Museum Amendment Act, 2022, SS 2022 Assented to May 18, 2022, clause 4.1(a) as enacted by section 3, and section 4 not yet in force	36
The Saskatchewan Employment (Leaves) Amendment Act, 2019, SS 2019 Assented to May 15, 2019, sections 11 and 12 not yet proclaimed	20
The Saskatchewan Pension Plan Amendment Act, 2015, SS 2015 Assented to May 14, 2015, that portion of section 11 which enacts subsection 13(3) of *The Saskatchewan Pension Plan Act* and subsection 14(1) not yet proclaimed	20
The Saskatchewan Public Safety Agency Amendment Act, 2023, SS 2023 Assented to April 6, 2023	10

Title/ Titre:	Chapter/ Chapitre:
The Saskatchewan Revenue Agency Act, SS 2023 Assented to May 17, 2023	41
The School Choice Protection Act, SS 2018/Loi sur la protection du choix d'école, LS 2018 Assented to May 30, 2018	39
The Securities Amendment Act, 2007, SS 2007 Assented to May 17, 2007, subsection 10(3), that portion of section 42 that repeals section 118 of *The Securities Act, 1988* and section 58 not yet proclaimed	41
The Securities Amendment Act, 2008, SS 2008 Assented to December 3, 2008, sections 12 and 14 (that part of section 14 that repeals section 45 of *The Securities Act, 1988*), section 33 not yet proclaimed	35
The Securities Amendment Act, 2012, SS 2012 Assented to May 16, 2012, clauses 3(e), (g) and (h), sections 7, 12 to 15, 22 and 31 not yet proclaimed	32
The Securities Amendment Act, 2013, SS 2013 Assented to May 15, 2013, clause 46(a) and section 48 not yet proclaimed	33
The Securities (Saskatchewan Investors Protection) Amendment Act, 2024, SS 2024 Assented to May 8, 2024, sections 2 to 9, subsection 10(3) and sections 12 to 14 not yet in force	19
The Seizure of Criminal Property Amendment Act, 2022, SS 2022 Assented to May 18, 2022, sections 6, 7, 9, 11 and 14 not yet in force	40
The Summary Offences Procedure Amendment Act, 2016, SS 2016 Assented to November 30, 2016, sections 1 to 2, 4 to 7 and 11 to 12 not yet proclaimed	30
The Summary Offences Procedure Amendment Act, 2017, SS 2017 Assented to May 17, 2017, sections 1 to 3 and 5 not yet proclaimed	26
The Summary Offences Procedure Amendment Act, 2021, SS 2021 Assented to May 13, 2021, sections 1 to 11, 13 to 17, and 19 to 36 not yet in force	30
The Traffic Safety Amendment Act, 2020, SS 2020 Assented to July 3, 2020, section 10; and clause 35(b) not yet in force	36
The Summary Offences Procedure Amendment Act, 2023, SS 2023 Assented to May 17, 2023	42
The Traffic Safety Amendment Act, 2025, SS 2025 Assented to May 13, 2025	20
The Traffic Safety (Miscellaneous) Amendment Act, 2021, SS 2021 Assented to May 13, 2021, clause 3(a), sections 9, 10, 27 and 35, and clauses 37(a) and (c) not yet proclaimed	32
The Traffic Safety (Miscellaneous) Amendment Act, 2023, SS 2023 Assented to April 6, 2023, section 4 not yet in force	13
The Trust and Loan Corporations Act, 1997, SS 1997 Assented to May 21, 1997, clause 44(a) and section 57 not yet proclaimed	T-22.2
The Vehicles for Hire Amendment Act, 2021, SS 2021 Assented to May 13, 2021	34
The Victims of Crime Amendment Act, 2011, SS 2011/ *Loi de 2011 modifiant la Loi de 1995 sur les victimes d'actes criminels, LS 2011* Assented to May 18, 2011	21

Title/ Titre:	Chapter/ Chapitre:
The Vital Statistics Amendment Act, 2026, SS 2026/Loi modificative de 2026 sur les services de l'état civil, LS 2026 Assented to May 14, 2026	31
The Wills Amendment Act, 2023, SS 2023/Loi modificative de 2023 sur les testaments, LS 2023 Assented to May 17, 2023	45

***Note:** This table is for convenience of reference and is not comprehensive; it is meant to be used in conjunction with the *Legislative Table of Public Statutes* published by the Office of the King's Printer. Please refer to the Separate Chapters and the Tables for any additional information regarding Proclamation dates and Coming into Force dates for the Statutes listed above./Le présent tableau a pour but de faciliter la référence et n'est pas complet; il est utilisé en conjonction avec le Tableau des lois de la Saskatchewan (*Legislative Table of Public Statutes)* publié par le bureau de l'Imprimeur du Roi. Veuillez vous référer aux chapitres tirés à part et au Tableau pour obtenir de plus amples renseignements relatifs aux dates de proclamation et d'entrée en vigueur des lois susmentionnées.

ACTS IN FORCE ON SPECIFIC DATES/LOIS EN VIGUEUR À DES DATES PRÉCISES

Title/ Titre:	Bill/ Projet de loi:	Chapter/ Chapitre:
The Municipalities Modernization and Red Tape Reduction Act, SS 2026 (Assented to May 14, 2026), sections 2-19, 2-20, 2-23, subsection 2-25(2), sections 2-35, 3-6 to 3-9, 3-15, 3-29, 3-30, 3-33, 3-35, 3-44 to 3-48, 3-50, 4-21, 4-22, 4-25, 4-27, 4-36 and 4-38 in force January 1, 2027	43	25

ACTS IN FORCE ON SPECIFIC EVENTS/ LOIS ENTRANT EN VIGUEUR À DES OCCURRENCES PARTICULIÈRES

Title/ Titre:	Chapter/ Chapitre:
The Building Schools Faster Consequential Amendment Act, 2026, SS 2026 / Loi de 2026 corrélative de la loi intitulée The Building Schools Faster Act, LS 2026 (Assented to May 14, 2026) Specific Event: comes into force on the day on which section 1 of *The Building Schools Faster Act* comes into force	7
The Co-operatives Act, 2026, SS 2026 / Loi de 2026 sur les coopératives, LS 2026 (Assented to May 14, 2026) Specific Event: comes into force on the day on which section 1 of *The Co-operatives Act / Loi de 2025 sur les coopératives* comes into force	11
The Police (Miscellaneous) Amendment Act, 2024, SS 2024 (Assented to March 19, 2024) Specific Event: section 9 comes into force on the day on which section 4 of *The Police Amendment Act, 2020* comes into force	9
The Regulated Health Professions Consequential Amendments Act, 2025, SS 2025/ Loi de 2025 corrélative de la loi intitulée The Regulated Health Professions Act, LS 2025 (Assented to May 13, 2025) Specific Event: comes into force on the day on which section 13-13 of *The Regulated Health Professions Act* comes into force	13

Title/ Titre:	Chapter/ Chapitre:
The Reviewable Transactions Consequential Amendments Act, 2022, SS 2022/ Loi de 2022 corrélative de la loi intitulée The Reviewable Transactions Act, LS 2022 (Assented to May 18, 2022) Specific Event: comes into force on the day on which section 1 of *The Reviewable Transactions Act* comes into force	35
The Summary Offences Procedure Amendment Act, 2017, SS 2017 (Assented to May 17, 2017) Specific Event: section 4 comes into force on the day on which sections 5 and 11 of *The Summary Offences Procedure Amendment Act, 2016* come into force	26

ACTS IN FORCE BY ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL/LOIS EN VIGUEUR PAR DÉCRET DU LIEUTENANT-GOUVERNEUR EN CONSEIL (2026)

Title/ Titre:	Bill/ Projet de loi:	Chapter/ Chapitre:
The Child Care (New Facilities) Amendment Act, 2025, SS 2025/ Loi modificative de 2025 sur les garderies d'enfants (nouveaux établissements), LS 2025 Assented to May 13, 2025, in force August 31, 2026	8	3
The Correctional Services Amendment Act, 2026, SS 2026 Assented to May 14, 2026, sections 1 and 2, clauses 3(a) to (c), sections 4, 8 and 10 to 13, clauses 14(b) and (d) to (k) and section 15 in force August 1, 2026	54	13
The Defamation Act, SS 2026 Assented to May 14, 2026, in force October 1, 2026	31	15
The Film Content Information Act, SS 2024 Assented to March 19, 2024, in force April 1, 2026	148	2
The Franchise Disclosure Act, SS 2024 Assented to May 8, 2024, in force June 30, 2026	149	13
The Heritage Recognition (From Many Peoples, Strength) Act, SS 2026/ Loi sur la reconnaissance du patrimoine (Nos origines multiples, notre force), LS 2026 Assented to May 14, 2026, in force August 28, 2026	41	19
The Information Services Corporation Amendment Act, 2026, SS 2026 Assented to May 14, 2026, in force July 6, 2026	57	21
The Inter-jurisdictional Support Orders Amendment Act, 2026, SS 2026/Loi modificative de 2026 sur les ordonnances alimentaires interterritoriales, LS 2026 Assented to March 12, 2026, in force December 1, 2026.	30	1
The King's Bench Amendment Act, 2026, SS 2026 / Loi modificative de 2026 sur la Cour du Banc du Roi, LS 2026 Assented to May 14, 2026, in force October 1, 2026	56	22
The Public Libraries Amendment Act, 2025, SS 2025 Assented to December 4, 2025, in force July 22, 2026	28	26
The Response to Illicit Drugs Act, SS 2026 Assented to May 14, 2026, in force June 1, 2026	47	26
The Saskatchewan Firearms Amendment Act, 2026, SS 2026 Assented to March 12, 2026, in force May 1, 2026	42	2

Title/ Titre:	Bill/ Projet de loi:	Chapter/ Chapitre:
The Summary Offences Procedure Amendment Act, 2023, SS 2023 Assented to May 17, 2023, in force November 30, 2026.	126	42
The Tailgating Act, SS 2026/Loi sur les rassemblements d'avant-match, LS 2026 Assented to March 12, 2026, in force June 8, 2026.0	29	3
The Time Act, 2026 Assented to May 14, 2026, in force October 30, 2026	58	29

ORDERS IN COUNCIL/DÉCRETS

The Provincial Lands Act, 2016

[*section 2-5*]

[O.C. 468/2026]
18 NOVEMBER 2026

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that:

(a) the Minister of Environment is authorized to withdraw the land identified below from the Northern Provincial Forest; and

(b) the Minister of Environment is approved to sell the provincial land identified below, for recreational purposes, to Louise Kowal of Arborfield, Saskatchewan for the total price of $35,000, and to execute any required agreements related to the sale on behalf of the Government of Saskatchewan:

Purchaser:
Louise Kowal
Box 212
ARBORFIELD SK S0E 0A0

Land described as follows:
Parcel A
Plan No. 102471926 Ext 0
Surface Parcel No. 204181590
Minerals in the Crown
TOTAL SALE PRICE: $35,000

RECOMMENDED BY:
Minister of Environment.

APPROVED BY:
Minister Scott Moe,
President of the Executive Council.

ORDERED BY:
Honourable Bernadette McIntyre,
Lieutenant Governor.
REGINA, Saskatchewan.

AUTHORITY:
The Provincial Lands Act, 2016, section 2-5.
The Crown Resource Land Regulations, 2019, section 2-1.
The Forest Resources Management Regulations, section 3.

[O.C. 469/2026]
18 NOVEMBER 2026

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that:

(a) the Minister of Environment is authorized to withdraw the land identified below from the Northern Provincial Forest; and

(b) the Minister of Environment is approved to sell the provincial land identified below, for recreational purposes, to Kelly and Janna Anderson of Prince Albert, Saskatchewan for the total price of $50,000, and to execute any required agreements related to the sale on behalf of the Government of Saskatchewan:

Purchaser:
Kelly Anderson and Janna Anderson
18 Carment Place
PRINCE ALBERT SK S6V 8A2

Land described as follows:
Parcel F
Plan No. 102489475 Ext 0
Surface Parcel No. 204230180
Minerals in the Crown
TOTAL SALE PRICE: $50,000

RECOMMENDED BY:
Minister of Environment.

APPROVED BY:
Minister Scott Moe,
President of the Executive Council.

ORDERED BY:
Honourable Bernadette McIntyre,
Lieutenant Governor.
REGINA, Saskatchewan.

AUTHORITY:
The Provincial Lands Act, 2016, section 2-5.
The Crown Resource Land Regulations, 2019, section 2-1.
The Forest Resources Management Regulations, section 3.

MINISTER'S ORDER/ARRÊTÉ MINISTÉRIEL

The Municipalities Act
[*section 61*]

ALTERATION OF BOUNDARIES – BETWEEN THE ORGANIZED HAMLET OF SLEEPY HOLLOW AND THE RURAL MUNICIPALITY OF MEOTA NO. 468

Under the authority conferred upon the Minister of Government Relations by section 61 of *The Municipalities Act*,

IT IS HEREBY ORDERED THAT:

1 The boundaries of the Organized Hamlet of Sleepy Hollow be altered by adding to the Organized Hamlet the territory described as:

(a) Parcel E, Plan No. 72B04497 within the south-east quarter of Section 19, Township 47, Range 16, West of the Third Meridian.

2 Therefore, the area of the Organized Hamlet of Sleepy Hollow shall consist of all those portions of the south-east quarter of Section 19, Township 47, Range 16, West of the Third Meridian herein described as:

(a) Commencing at the most north-western point of Parcel E, Plan No. 72B04497 thence easterly along the north parcel boundary to the most north-eastern boundary of said parcel, thence south-easterly along the left bank of Murray Lake to the most south-eastern point of Lot 1, Block 1, Plan No. 68B08408, thence westerly along the southern boundary of said parcel continuing west along the south boundary of St/L 3, Plan No. 68B08408 and to the most south-western point of Parcel A, Plan No. 80B01452, thence northerly to the most southern point of Parcel F, Plan No. 102352373, thence northwesterly along the southern boundary of said parcel to the most westerly point of Parcel F, Plan No. 102352373, thence north-easterly along the western boundary of said parcel to a point on St/L 1, Plan No. 75B08153, thence north-westerly along the southern boundary of St/L 1, Plan No. 75B08153 to a point on St/L 2, Plan No. 68B08408, thence westerly 93.14 m to a point along the south boundary of said parcel, thence northerly to the point of commencement.

Unless otherwise specified, the above described portions of sections include the adjoining south and west road allowances, intersections thereof and widenings thereto by plan of survey. For description purposes, the land acquired by plan of survey for widening to an adjoining road allowance is deemed to be part of the road allowance.

All said plan numbers are on record with Information Services Corporation of Saskatchewan.

This Order shall become effective on the date of signing

Dated at Regina, in the Province of Saskatchewan, this 16th day of November 2026.

Dan French,
Assistant Deputy Minister, for and on behalf of the
Minister of Government Relations.

PUBLIC NOTICES/AVIS PUBLICS

The Business Corporations Act, 2021
[*subsection 4-4(2)*]

NOTICE IS HEREBY GIVEN that a meeting of the shareholders of *Sioux Petroleums, Limited* (the "Corporation") will be held on December 11, 2026, at 2:00 p.m. EST, by such electronic means as may be permitted by law and communicated to persons establishing an interest in the Corporation, for the following purposes:

1 to determine and confirm the identity of the shareholders of the Corporation and their respective shareholdings;

2 to consider the organization and affairs of the Corporation following its revival; and

3 to consider and transact such other business as may properly come before the meeting or any adjournment thereof.

The Corporation was incorporated under the laws of Ontario and has been registered in Alberta as an extra-provincial corporation.

Any person claiming to be a shareholder, or to have an interest in shares of the Corporation, is requested to contact the Corporation no later than December 4, 2026, and, if possible, to provide documentary evidence supporting such claim, including share certificates, corporate records, estate documentation, transfer documentation, or other evidence of ownership.

Correspondence and supporting materials should be directed to:

GGFI Law LLP
200-515 Riverbend Dr.,
Kitchener ON N2K 3S3

Attention: Mark A. Radulescu
Telephone: 519-579-4300 ext. 293
Email: mradulescu@ggfilaw.com

Any person asserting an interest in shares of the Corporation is encouraged to attend the meeting personally or through legal counsel.

DATED at Kitchener, Ontario, October 29, 2026.

Mark Radulescu, Partner,
GGFI Law LLP.

The Change of Name Act, 1995/Loi de 1995 sur le changement de nom

The following changes of name are registered under the provisions of *The Change of Name Act, 1995*/ Les changements de nom ci-après sont enregistrés en exécution de la *Loi de 1995 sur le changement de nom*:

Former Name/ Ancien nom:	**Address/ addresse:**	**Date of Birth/ date de naissance:**	**Name Changed To/ Nouveau nom:**
Phyllicia Lynn DUCHEK (Dated November 10, 2026)	Regina SK	June 28, 2005	Phyllicia Lynn BRIGGS
Anene KERI ULE (Dated November 12, 2026)	Regina SK	January 1,1974	Abdullah KERI ULE
Peter Alexander Bell PHILLIPS (Dated November 12, 2026)	Saskatoon SK	July 29, 1991	Sarah Alexandria Bell PHILLIPS
Sasha Ann CAWKWELL (Dated November 13, 2026)	Yorkton SK	March 7, 1990	Sasha Ann GOODMAN
Wyatt Gunther HUDY (Dated November 13, 2026)	Regina SK	October 22, 1996	Stephanie GUENTHER
Darren Jay HOLZAPFEL (Dated November 16, 2026)	Regina SK	July 31, 1979	Bodhi DHARMA
Nicole Rae KATONA (Dated November 16, 2026)	Regina SK	October 31, 1991	Nicole Rae PULLEYBLANK
Peter Da TERRA (Dated November 16, 2026)	Moose Jaw SK	November 10, 1969	Petrus TERRIGENA
Joji Poonely Vareed JOJI POONELY VAREED (Dated November 18, 2026)	Regina SK	March 18, 1972	Joji POONELY VAREED
Tekletsion Hagos MICHEAL (Dated November 18, 2026)	Saskatoon SK	January 1, 1997	Michael Tekletsion HAGOS

Former Name/ Ancien nom:	**Address/ addresse:**	**Date of Birth/ date de naissance:**	**Name Changed To/ Nouveau nom:**
Madison Ann Burns NEWBERRY (Dated November 18, 2026)	Saskatoon SK	September 23, 2000	Madison Ann NEWBERRY
Rajesh ARUMUGAM (Dated November 19, 2026)	Regina SK	June 9, 1984	Rajesh Balasubramanian ARUMUGAM
Angeli Calambro ESPANOLA (Dated November 19, 2026)	Saskatoon SK	September 9, 1991	Angeli Calambro ESPANOLA-ZEHTAB

Former Name/ Ancien nom:	**Address/ Addresse:**	**Date of Birth/ Date de naissance:**	**Name Changed To/ Nouveau nom:**
George AMPONSAH-TABI	Regina SK	December 25, 1986	George TABI
Former Name of Spouse/ Ancien nom du conjoint ou de la conjoint:			
Edith AMPONSAH-TABI (Dated November 17, 2026)		August 5, 1987	Edith TABI

Given under my hand at the City of Regina, in the Province of Saskatchewan/Fait sous ma signature dans la ville de Regina, dans la province de la Saskatchewan.

Jennifer Lindenbach,
Registrar of Vital Statistics/
Registraire des Services de l'état Civil.

The Election Act, 1996
[*section 9*]

APPOINTMENT OF RETURNING OFFICERS

Section 9 of *The Election Act, 1996* provides, as follows:

"9(1) The Chief Electoral Officer may appoint as a returning officer for a constituency, (a) a voter residing in the constituency; or (b) if there is no voter residing in the constituency who is qualified to be a returning officer, a voter residing in Saskatchewan**".**

Pursuant to Section 9 of *The Election Act, 1996*, the Chief Electoral Officer appoints a returning officer to the following constituencies, as listed below in Schedule I.

Schedule I

Constituency	**Name**	**Community**	**Date**
Athabasca	Marlene Daigneault	Beauval	November 1, 2026
Moosomin-Montmartre	Shannon Fay	Lebret	November 1, 2026

Michael D. Boda, D. Phil., Ph.D.,
Chief Electoral Officer.

The Registered Nurses Act, 1988
[*subsection 15(2)*]

REGULATED BY LAW AMENDMENTS

Pursuant to subsection 15(2) of *The Registered Nurses Act, 1988*, the Regulatory Bylaws of the College of Registered Nurses of Saskatchewan are amended as follows:

Bylaw XII clause 6(1)(c) is amended to read:

"(c) Practice in accordance with the standards, competencies and code of conduct;**"**

Bylaw XVI subsections 1(1) to (5) are amended to read:

"(1) The college adopts the competencies contained in its 2026 publication entitled *Registered Nurse Entry-Level Competencies* as the competencies required of registered nurses.

(2) The college adopts the standards contained in its 2026 publication entitled *Registered Nurse Practice Standards* as the standards required of registered nurses.

(3) The college adopts the standards contained in its 2026 publication entitled *RN with Additional Authorized [RN(AAP)] Practice Standards* as the standards required of registered nurses practicing with Additional Authorized Practice.

(4) The college adopts the competencies contained in its 2026 publication entitled *Nurse Practitioner Entry-Level Competencies*.

(5) The college adopts the standards contained in its 2026 publication entitled *Nurse Practitioner Practice Standards*".

Bylaw XVI clause 2(1)(c) is amended to read:

"(c) is practicing in accordance with the current versions of the *Registered Nurse Practice Standards* and *Registered Nurse Entry-Level Competencies*".

CERTIFIED TRUE COPY:
Cindy Smith, RN, BScN, MN,
Executive Director & Registrar,
College of Registered Nurses of Saskatchewan.
Date: September 30, 2026.

APPROVED BY:
Honourable Jeremy Cockrill,
Minister of Health.
Date: November 17, 2026.

ENTRY-LEVEL COMPETENCIES FOR REGISTERED NURSES (2026)

ACKNOWLEDGEMENTS

The Canadian Council of Registered Nurse Regulators' (CCRNR) Board of Directors and members express their sincere gratitude to the members of the steering committee for their invaluable contributions throughout this project. Your time, effort, thoughtful feedback and unwavering patience were instrumental in shaping the final updated entry-level competencies.

We also extend our appreciation to Sense and Nous for providing consulting services and expert guidance throughout the project. Your support, facilitation and commitment to collaboration helped move this work forward and contributed to its success.

Finally, we are grateful to the Registered Nurses, regulatory authorities, the educational community and employers for their perspectives and expertise that assisted in the data gathering and validation of the updated entry-level competencies.

The CCRNR Board of Directors approved these entry-level competencies for Registered Nurses in Canada on September 10, 2026. These competencies replace the previous version.

FOREWORD

Registered nurses (RNs) are essential to the delivery of safe, competent, equitable, compassionate, ethical, and evidence-informed care in Canada. RNs complete an approved baccalaureate degree in nursing and provide nursing care throughout the lifespan and in diverse practice settings where Canadians access health services They integrate clinical knowledge, professional judgment, and ethical practice in response to the needs of individuals, families, groups, communities, and populations.

An entry-level RN is one at the point of initial registration or licensure. Entry-level RNs are beginning practitioners. They accept responsibility and demonstrate accountability for their practice and apply professional judgment to determine when supports are required.

Background

The Canadian Council of Registered Nurse Regulators (CCRNR) is the federation of provincial and territorial regulatory bodies that regulate the practice of RNs in Canada. CCRNR member regulators share the same mandate: protect the public by regulating Registered Nurses and Nurse Practitioners in accordance with government legislation.

The Entry-Level Competencies (ELCs) for Registered Nurses in Canada set out the competencies expected of an RN at the point of initial registration or licensure. Each ELC is defined as an observable ability of an RN at entry-level that integrates the knowledge, skills, judgment, attitudes, and values required to practise nursing safely, competently, compassionately, and ethically.

Although the competencies are written for entry level, they are foundational to RNs throughout their practice. Some competencies may go beyond what is currently common practice in some jurisdictions. This is intentional as the ELCs are designed to anticipate evolving practice and support consistent expectations across jurisdictions as the practice environment changes.

The ELCs are reviewed on an ongoing basis to maintain inter-jurisdictional consistency and practice relevance.

The 2026 revision was informed by environmental scanning, literature review, structured consultation with RNs, educators, employers, regulators, Indigenous partners, equity-deserving communities, and members of the public, and a national validation survey.

The CCRNR Board of Directors approves the ELCs. Each regulatory authority then follows its own process to adopt or approve the updated ELCs and confirm consistency with provincial and territorial legislation.

OVERARCHING PRINCIPLES

The following principles apply to the ELCs and the practice of RNs. The entry-level RN:

1. Is a novice practitioner.

2. Practices within the RN scope of practice and seeks guidance when encountering situations beyond their current skills and ability.

3. Holds the requisite skills and abilities to attain and demonstrate the competencies in this document.

4. Is prepared as a generalist to practise safely, competently, compassionately, and ethically:

   (a) in situations of health and illness,

   (b) with all people throughout the lifespan,

   (c) with all recipients of care, including individuals, families, groups, communities, and populations,

   (d) across diverse practice settings throughout Canada,

   (e) using evidence-informed practice.

5. Has a strong foundation in nursing theory, concepts, and knowledge; health, social, and behavioural sciences; humanities; research; and ethics from their approved baccalaureate nursing education program.

6. Practises autonomously in accordance with legislation, standards, ethics, and scope of practice in their jurisdiction.

7. Applies critical thinking, clinical reasoning, and reflective practice throughout all aspects of nursing care.

8. Holds competencies that are transferable across all areas of professional responsibility.

9. Is an active participant in health promotion, illness prevention, and harm reduction.

10. Practises in ways that affirm cultural humility, cultural safety, anti-racism, equity, diversity, and inclusion, and applies the principles of trauma- and violence-informed care across all client interactions.

ELCs are used for multiple purposes, including:

- approval and recognition of baccalaureate nursing education programs
- assessment of internationally educated applicants
- assessment of applicants seeking re-entry to practice
- input into the content and scope of entry-to-practice examination items
- practice advice and guidance for RNs and employers
- regulatory reference
- public awareness of the practice expectations of RNs at entry level.

ROLE-BASED FRAMEWORK

The ELCs are organized into nine roles using a role-based framework that represents the multiple roles RNs assume when providing care in any practice setting. These roles are[1]:



[1] Copyright © 2015 The Royal College of Physicians and Surgeons of Canada. http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e. Adapted with permission.

Integration of all nine roles enables the entry-level RN to provide safe, competent, compassionate, ethical, and evidence-informed nursing care in any practice setting.

The order the roles are presented is not an indication of priority or importance. Certain concepts are relevant to multiple roles. For clarity and to avoid repetition, such concepts are stated where they are most relevant and are understood to carry through to other roles.

ENTRY-LEVEL COMPETENCIES FOR RNS

1. Clinician

RNs are clinicians who provide safe, competent, compassionate, ethical, and **evidence-informed** care throughout the lifespan and in diverse practice settings, in response to **client** needs. They integrate knowledge, skill, judgment, and professional and ethical values from nursing and other sources into their practice.

1.1 Provides safe, ethical, competent, compassionate, **person-centred**, and **evidence-informed** nursing care throughout the lifespan in response to **client** needs.

1.2 Conducts a holistic nursing assessment to collect comprehensive information on **clients'** health status and preferences.

1.3 Integrates principles of **trauma- and violence-informed** care which places priority on trauma survivors' safety, choice, and control.

1.4 Analyzes and interprets clinical data and assessments to make **evidence-informed** decisions that address **client** health needs.

1.5 Develops plans of care using critical thinking that incorporates professional judgment and reasoned decision-making.

1.6 Evaluates effectiveness of plan of care and modifies accordingly based on **client** needs, preferences, and outcomes.

1.7 Anticipates health risks and unintended outcomes and applies mitigation strategies to support safe care.

1.8 Identifies when **client** safety is compromised and intervenes promptly to prevent harm.

1.9 Recognizes signs of **client** deterioration and initiates appropriate escalation to ensure timely intervention.

1.10 Prepares **clients** for and performs procedures, treatments, and follow-up care.

1.11 Applies knowledge of pharmacology and principles of safe medication practice.

1.12 Implements **evidence-informed** practices of pain prevention, manages **clients'** pain, and provides comfort through pharmacological and non-pharmacological interventions.

1.13 Implements therapeutic nursing interventions that contribute to the care and needs of the **client**.

1.14 Provides nursing care to meet palliative and end-of-life care needs.

1.15 Incorporates knowledge of the ethical, legal, and regulatory implications of medical assistance in dying (MAiD) when providing nursing care.

1.16 Incorporates principles of **harm reduction** with respect to substance use into plans of care.

1.17 Incorporates knowledge of epidemiological principles into plans of care.

1.18 Provides recovery-oriented nursing care in partnership with **clients** who experience mental health and/or substance use challenges.

1.19 Applies mental health promotion strategies to support holistic, **person-centred care** across diverse clinical settings.

1.20 Applies clinical reasoning and crisis intervention strategies to recognize and respond to suicide risk, crisis situations, and mental health emergencies.

1.21 Incorporates knowledge from the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, **genetics**, immunology, and nutrition.

1.22 Incorporates knowledge from nursing science, social sciences, humanities, and health-related research, including **genetic research** and **genomics**, to provide **evidence-informed** care and support **precision health**.

1.23 Examines the impact of **evidence-informed** nursing practice on **client** health outcomes.

1.24 Applies de-escalation and **crisis management** strategies to prevent and manage disruptive, aggressive, or violent behaviour across diverse care settings.

1.25 Implements strategies to promote wellness, prevent illness, and minimize disease and injury in **clients**, self, and others.

1.26 Implements **evidence-informed** infection prevention and control practices.

1.27 Applies **evidence-informed** strategies in the planning and delivery of person-centred **virtual care**.

1.28 Demonstrates an understanding of the principles of prescribing and supporting **clients** in informed decision-making about pharmacological and non-pharmacological interventions, including applicable authorization requirements, legislation, regulations, standards of practice, and organizational policies where RN prescribing is permitted.

2. Professional

RNs are professionals who are committed to the health and well-being of **clients**. RNs adhere to the profession's standards of practice, uphold ethical obligations, and are accountable to the public and the profession.

2.1 Demonstrates accountability, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated scope of practice.

2.2 Demonstrates **professionalism** and a **professional presence** in all interactions.

2.3 Applies professional judgment when following organizational policies and procedures.

2.4 Recognizes, advocates, and seeks support when organizational policies or procedures are absent, unclear, or inconsistent with legislation, standards of practice, or **client** needs.

2.5 Maintains **client** privacy, confidentiality, and security by complying with legislation, practice standards, ethics, and organizational policies.

2.6 Identifies the influence of personal values, beliefs, and **positional power** on **clients** and the health care team to promote **equity**.

2.7 Analyzes how personal values, beliefs, **positional power**, **colonialism**, and **systemic inequities** influence interactions with clients and the health care team.

2.8 Identifies and addresses **bias**, discrimination, **racism**, and oppression in care and collaboration to promote **equity**.

2.9 Establishes and maintains professional boundaries in all interactions.

2.10 Identifies and addresses ethical and moral issues, including those related to **precision health**, data privacy, and informed consent, using ethical reasoning and seeking support when needed.

2.11 Demonstrates professional judgment to ensure social media and **digital health technologies** are used in a way that maintains public trust in the profession.

2.12 Adheres to the self-regulatory requirements of jurisdictional legislation to protect the public by:

(a) Reflecting on and assessing own competence to identify learning needs.

(b) Creating, implementing, evaluating, and adjusting learning plans for ongoing growth.

(c) Seeking and applying new knowledge to maintain safe, competent practice.

(d) Recognizing limits, seeking guidance, and considering implications of decisions.

2.13 Demonstrates awareness of and maintains their own **fitness to practice** according to their regulatory requirements.

2.14 Recognizes, acts on, and reports harmful incidences, **near misses**, and no-harm incidences.

2.15 Adheres to professional, regulatory, and organizational duty to report obligations to support public protection.[2]

2.16 Distinguishes between the mandate of regulatory bodies, professional associations, and unions.

2.17 Applies mandatory reporting legislation related to **client** safety and public protection.[2]

2.18 Implements strategies to mitigate physical, emotional, and psychological safety risks in the workplace, including reporting in accordance with organizational policies, professional standards, and legislative requirements to protect self and others.

3. Communicator

RNs are communicators who use a variety of strategies and relevant technologies to create and maintain professional relationships, share information, and influence therapeutic environments.

3.1 Introduces self to **clients** and health care team members by name and professional designation (protected title).

3.2 Engages in active listening to understand and respond to the **client's** experience, preferences, and health goals.

3.3 Demonstrates effective interpersonal communication strategies to build and maintain professional and therapeutic relationships.

3.4 Uses conflict resolution strategies to promote healthy relationships and optimal **client** outcomes.

3.5 Applies **relational practice** skills to adapt communication in order to establish and sustain therapeutic relationships and continuity of care.

3.6 Demonstrates ethical and appropriate use of **digital health technologies** to support communication, professional and therapeutic relationships, and **person-centred care**.

3.7 Demonstrates effective communication in complex, rapidly changing situations to enhance clarity, collaboration, and safe **client** care.

3.8 Documents and shares information clearly and accurately, including using secure **digital health technologies** and other communication tools, while protecting **client** privacy and maintaining professional standards.

[2] Mandatory reporting and duty to report obligations are established in legislation and vary by province and territory. Registrants are to consult the legislation and/or the regulatory body in their jurisdiction for the requirements that apply to their practice.

4. Collaborator

RNs are collaborators who play an integral role in the health care team partnership.

4.1 Demonstrates collaborative professional relationships that support effective communication, **shared decision-making**, and quality nursing practice.

4.2 Initiates collaboration to support care planning and safe, continuous transitions across settings.

4.3 Articulates own scope of practice and role and respects the role and scope of practice of others to support health care team collaboration.

4.4 Applies knowledge of the roles of regulated and unregulated care providers to strengthen **inter-** and **intraprofessional** collaboration.

4.5 Contributes to health care team functioning by applying group communication theory, principles, and group process skills to support high-performing **team dynamics**.

4.6 Collaborates in the analysis, development, implementation, and evaluation of practice and policy.

5. Coordinator

RNs are coordinators who organize **point-of-care** health service delivery with **clients**, the **interprofessional** team, and partners across settings to ensure continuous and safe care.

5.1 Consults with **clients** and health care team members to make ongoing adjustments required by changes in the availability of services or **client** health status.

5.2 Monitors **client** care to help ensure needed services happen at the right time and in the correct sequence.

5.3 Organizes workload, assigns and coordinates nursing care, sets priorities, and demonstrates effective time management skills.

5.4 Demonstrates knowledge of the **delegation** and **assignment of care** process.

5.5 Participates in decision-making to manage **client** transfers within health care facilities.

5.6 Partners with **clients** and others to navigate health and **social systems**, adapting support to individual needs and contexts.

5.7 Coordinates **client** transitions and discharge to support continuity of care and **client** well-being.

5.8 Participates in coordinating **disaster/emergency preparedness** and **disaster management** activities to support **client** safety and continuity of care.

5.9 Applies knowledge of health risks of **climate-related events and disasters** in care planning to promote continuity of care, safety, and well-being.

6. Leader

RNs are leaders who influence and inspire others to achieve optimal health outcomes for all.

6.1 Questions unclear or questionable orders, decisions, actions, or treatment and seeks clarification and resolution.

6.2 Applies knowledge of **Indigenous health systems**, healing practices, and evolving reconciliation, **equity**, and Indigenous rights frameworks to support **culturally safe** and collaborative quality nursing practice.

6.3 Integrates continuous **quality improvement** principles and activities, and risk management into nursing practice.

6.4 Applies **person-centred care** models to support quality care and **client** outcomes.

6.5 Promotes a psychologically safe and inclusive practice environment by recognizing the impact of power, **privilege**, and **systemic inequities** on both **team dynamics** and **client** care.

6.6 Recognizes the impact of organizational culture and acts to enhance the quality of a professional and safe practice environment.

6.7 Demonstrates self-awareness through reflective practice and solicitation of feedback.

6.8 Implements **culturally safe**, anti-racist, and **trauma- and violence-informed** practices that support **person-centred care**.

6.9 Uses and allocates resources responsibly to deliver safe care and support long-term health system sustainability.

6.10 Provides constructive feedback to promote professional growth of other members of the health care team.

6.11 Demonstrates knowledge of the health care system and its impact on **client** care and professional practice.

6.12 Adapts practice to meet **client** care needs within a continually changing health care system.

6.13 Applies **change management strategies** to support system-level improvements.

6.14 Demonstrates accountability, initiative, and adaptability to contribute to positive team practices recognizing **leadership (in nursing)** as a shared responsibility regardless of formal authority.

6.15 Implements **harm reduction** strategies and contributes to team or system-based efforts that promote mental health and reduce stigma.

6.16 Engages in **mentoring relationships** that support self-awareness, **emotional resilience**, and professional growth in self and others.

6.17 Demonstrates **formal** and **informal leadership** to contribute to team practices and support optimal health outcomes.

7. Advocate

RNs are advocates who support persons to voice their needs in achieving optimal health outcomes and represent the needs of those unable to advocate for themselves.

7.1 Identifies situations where safety is compromised or at risk and takes appropriate action.

7.2 Recognizes the limits of one's own competence and capacity, and manages stress reactions that may affect clinical judgment, performance, or **client** care.

7.3 Advocates for the respectful integration of **Indigenous knowledge** and partnerships with **Elders (Indigenous)**, healers, **knowledge keepers (Indigenous)**, and family/**kinship** to improve health outcomes and engage in reconciliation.

7.4 Advocates for health **equity** for all persons, with particular attention to those experiencing health or social inequities.

7.5 Identifies how **environmental factors**, **sustainable practices**, and **planetary health** influence person-centred health and nursing care.

7.6 Promotes persons' rights and equitable access to safe, competent, compassionate, ethical, and **evidence-informed** care, aligned with legislation and regulatory requirements and professional obligations.

7.7 Supports **clients** in making informed decisions about their health and respects their decisions.

7.8 Supports policy and health system-level changes that promote **social justice**, health **equity**, and the well-being of **equity-deserving** and **structurally disadvantaged** populations.

7.9 Facilitates person-centred collaboration with **clients**, families, or caregivers, including when **clients** cannot actively participate in their own care.

7.10 Advocates for the right of persons to provide informed consent guided by regulatory and legislative requirements.

7.11 Assesses **clients'** understanding of informed consent and implements actions when the **client** is unable to provide informed consent.

7.12 Demonstrates knowledge of the substitute decision maker's role in providing informed consent and decision-making for client care.

7.13 Applies knowledge of population health, **determinants of health**, and primary health care, including **precision health**, to promote health **equity** and **personalized health care**.

7.14 Uses knowledge of health disparities and inequities to optimize health outcomes for all persons.

7.15 Advocates for equitable access to mental health resources and inclusive quality nursing practice environments.

7.16 Demonstrates understanding of how healthy public policy, **sustainability principles**, and **planetary health** approaches contribute to **social justice** and population health.

8. Educator

RNs are educators who identify learning needs with **clients** and apply a broad range of educational strategies towards achieving optimal health outcomes.

8.1 Develops an education plan with the **client** and team to address **client** learning needs.

8.2 Implements strategies to strengthen **client** health literacy for informed decisions and outcomes.

8.3 Selects, develops, and uses relevant teaching and learning strategies to address diverse **client** needs and contexts.

8.4 Evaluates **client** understanding and the effectiveness of health education and revises the plan to support **client** learning needs and outcomes.

8.5 Supports **clients** in finding and recognizing trustworthy sources, and in understanding and using health information through **digital tools**.

9. Scholar

RNs demonstrate a lifelong commitment to excellence in practice through critical inquiry, continuous learning, application of evidence to practice, and support of research activities.

9.1 Integrates **evidence-informed** practice using current, credible resources and collaborates with others to support clinical decision-making.

9.2 Integrates knowledge from **evidence-informed** sources into safe, effective nursing practice.

9.3 Engages in self reflection and continuous learning, and seeks feedback to maintain competence, practice with **cultural humility**, and contribute to a **culturally safe** environment.

9.4 Engages in activities to strengthen knowledge of **digital literacy** and health informatics.

9.5 Analyzes emerging technologies and evidence, such as **artificial intelligence** and **data-driven tools** to improve health care delivery and decision-making.

9.6 Uses knowledge of digital innovation, **data-informed approaches**, and global health to adapt practice, improve outcomes, and promote equitable, future-ready practice.

9.7 Supports research activities and develops research skills to contribute to **evidence-informed** nursing practice.

9.8 Engages in lifelong learning through professional development, feedback, and reflection to maintain competence and support **evidence-informed** practice.

GLOSSARY

The definitions provided in this glossary reflect general terminology used in practice. Where applicable, readers are advised to verify definitions against the standards and requirements of the regulatory body in their jurisdiction, as terminology and scope may vary.

Artificial intelligence (AI)

Computer systems designed to perform tasks that would traditionally require human intelligence. These systems can enable computers to analyze data, recognize patterns, learn from experience, and make recommendations by recognizing patterns identified in data *(NSCN, 2025, Glossary)*.

Assignment of care

The allocation of specific staff to specific patients or specific patient care needs for a period of time, usually a shift. It is a division of labour based on an assessment of care needs, care plans, goals of treatment or care, scopes of practice, and the skill mix of staff. Unlike delegation, assignment occurs between regulated health professionals whose scope of practice already authorizes them to perform the care being assigned *(CNPS, 2026)*.

Bias

A subjective opinion, preference, prejudice, or inclination, often formed without reasonable justification, which influences the ability of an individual or group to evaluate a particular situation objectively or accurately. Biases (particularly implicit or unconscious biases) are built into and perpetuated by societal systems and structures through socialization. These biases might be against others' race, gender, weight, disability, sexuality, skin-tone, age, culture, or religion *(Government of Canada, 2023)*.

Change management strategies

Planned or emergent approaches to guide individuals and teams through transitions, using models that address both the technical and human aspects of change *(Beavis & Woodend, 2022)*.

Client

Anyone who receives or accesses nursing care including individuals (or their designated representatives), families, groups, communities and populations *(adapted from RPNRC, 2025; Yardstick Assessment Strategies, 2022; CNA, 2025)*.

Climate-related events and disasters

Events driven or intensified by climate change, such as wildfires, floods, heatwaves, and disease outbreaks, as well as other natural, technological, or human-induced hazards that disrupt the functioning of communities, exceed local coping capacities, and result in widespread harm to human health, infrastructure, and the environment. These events disproportionately affect vulnerable populations and demand that nurses possess core competencies in disaster risk reduction, emergency preparedness, response, and recovery to protect health, uphold human rights, and strengthen community resilience *(adapted from ICN, 2023)*.

Colonialism

A system of domination in which one group exercises power over others through political, economic, and social structures that perpetuate systemic inequities, racism, and oppression, including within health care *(Kimani, 2023)*. In Canada, this includes the ongoing legacy of policies imposed upon Indigenous peoples that continue to shape health inequities and inform the need for culturally safe, anti-racist nursing practice *(Truth and Reconciliation Commission of Canada, 2015; Turpel-Lafond, 2020)*.

Competency

The integrated and demonstrated application of knowledge, skills, judgment, attitudes, and values required to perform professional roles safely, effectively, ethically, and consistently within a defined scope of practice and con-text *(adapted from CCRNR, 2019)*.

Crisis management

The ability to recognize, respond to, and stabilize a person experiencing a sudden, critical change in health or safety by applying clinical judgment, prioritizing interventions, and mobilizing resources to prevent harm and restore stability *(adapted from Paul, 2024)*.

Cultural humility

A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. It emphasizes lifelong learning, accountability, and the recognition of power differentials in health care. Nurses practicing cultural humility commit to listening, learning, and co-creating care with individuals and communities *(CASN & CINA, 2024)*.

Culturally Safe (cultural safety)

An outcome of respectful engagement that recognizes and seeks to address power imbalances inherent in health care systems. It requires that care be experienced as safe by the recipient and involves ongoing critical reflection by nurses on their own assumptions, values, and practices. Cultural safety supports equity, inclusion, and anti-oppressive care, particularly for Indigenous and equity-deserving populations *(CASN & CINA, 2024)*.

Data-driven tools

Technologies and systems that use health data analytics, artificial intelligence (AI), and clinical decision support to inform care decisions, improve outcomes, and optimize health care delivery. These tools help nurses interpret patient data, identify trends, and personalize care in real time, supporting evidence-informed practice across diverse settings *(adapted from RNAO, 2024)*.

Data-informed approaches

The use of reliable health data to inform clinical decisions, care planning, and system improvement *(CIHI, n.d.)*.

Delegation

The transfer of responsibility for a nursing task from a licensed nurse to a competent delegate while the nurse retains accountability for the outcome *(NCSBN, 2016; NCSBN & ANA, 2019)*.

Determinants of health

The range of personal, social, economic, and environmental factors that influence an individual's health status, including income, education, genetics, access to care, and living conditions *(adapted from WHO, 2024)*.

Digital health technologies

Information and communication tools, systems, and services used to collect, store, exchange, and analyze health information to support the delivery, coordination, and evaluation of care. In nursing practice, their use is guided by professional and ethical obligations to protect privacy, maintain confidentiality, ensure informed consent, and uphold safe, competent, and compassionate care *(Canada Health Infoway, n.d.; Canadian Nurses Association [CNA], 2025)*.

Digital literacy

The ability to maintain, advance, and strengthen professional practice in the context of a digital health environment *(RNAO, 2024; Nicolaidou, 2025)*.

Digital tools

Software platforms, applications, and technologies that support health care delivery, documentation, communication, and clinical decision-making. These include electronic health records (EHRs), virtual care systems, mobile health apps, and clinical decision support tools. Digital tools enhance access to health information, improve care coordination, and support evidence-informed practice in digitally enabled environments *(adapted from CNA, CNIA & Canada Health Infoway, 2020)*.

Disaster management

The coordinated application of clinical, ethical, and leadership competencies across the phases of disaster preparedness, response, and recovery. It includes risk assessment, triage, communication, psychosocial support, and interprofessional collaboration to protect public health and ensure continuity of care during emergencies *(adapted from Siemon, 2019; Santos et al., 2024).*

Disaster/emergency preparedness

An area of nursing focused on preparedness, response, and recovery in the context of disasters and emergencies (*ICN*, *2019*). The essential knowledge, skills, and awareness required by nurses to anticipate and respond to climate-related events, crises, and disasters. This includes understanding local protocols, executing evacuation plans, applying basic clinical skills like first aid and triage under supervision, and recognizing role boundaries to ensure safe and effective patient care during emergencies.

Elders (Indigenous)

Indigenous individuals highly respected for their spiritual and cultural wisdom, serving as leaders, teachers, mentors, and healers within their communities *(BCCNM, 2024).*

Emotional resilience

The capacity to adapt, recover, and maintain well-being when facing stress, adversity, or challenging situations by using coping strategies, self-awareness, and support systems *(adapted from Casali, 2025; Lenssen et al., 2025).*

Environmental factors

Available policies, resources and mentors, and mechanisms for effective communication and consultation. Geographical proximity to resources and services are also environmental factors that can affect client care *(NSCN, 2025, Glossary*).

Equity

The fair and just allocation of resources, opportunities, and care by recognizing and addressing individual differences and systemic barriers to achieve optimal health outcomes for all *(adapted from WHO, n.d.).*

Equity-deserving

Group of people who, due to systematic discrimination, face barriers that prevent them from having the same access to resources and opportunities available to other members of society *(York University, n.d.).*

Evidence-informed

A nursing practice approach that builds on evidence-based practice by incorporating expert opinion, clinical expertise, patient preference, and other resources alongside research evidence. It applies to all nurses in clinical, educational, research, administrative, or policy roles, through an inclusive, interactive decision-making process that accounts for culture, history, and local context *(adapted from LoBiondo-Wood et al., 2022).*

Fitness to practice

Having the necessary physical, psychological, and emotional health to provide safe, compassionate, competent, and ethical nursing care. It emphasizes the nurse's accountability for monitoring and maintaining their own fitness to practice *(NSCN, 2025)*; consult the regulatory body in your jurisdiction for applicable standards and requirements.

Genetic research

Studies individual genes, their inheritance, and their role in disease phenotypes *(Limoges et al., 2025).* Active inquiry and knowledge generation related to genetics, which nurses are expected to apply, use, and translate to improve practice and stay current with emerging gene discoveries and guidelines.

Genetics

The branch of biology concerned with the study of inheritance, including the interplay of genes, DNA variation, and their interactions with environmental factors *(NHGRI, 2025)*.

Genomics

The structure, function, mapping, and study of an organism's entire set of genes (genome) and their interactions, including how they influence health, disease, and treatment responses *(adapted from WHO, n.d.)*. In nursing practice, it means using knowledge of genetics and gene-environment interactions to support personalized care, screening, risk assessment, and treatment decisions (e.g., medication selection and lifestyle interventions) *(adapted from Calzone et al., 2025)*.

Harm reduction

An approach to public health which focuses on reducing the harm associated with risky behaviours. The approach can be applied to substance use, gambling, high-risk sexual activity, and other behaviours that present risk. It recognizes that some people may not be ready, willing, or able to stop the behaviour completely and, therefore, in some cases, finding ways to reduce the harmful effects of the risk on the person, their family, and the community is a more realistic approach *(adopted from RPNRC, 2025, which adapted the definition from the Centre for Addiction and Mental Health, 2024)*.

Indigenous health systems

Community-led approaches to wellness rooted in Indigenous knowledge, cultural practices, and holistic care, guided by Elders and Knowledge Keepers, and emphasizing balance across physical, emotional, mental, and spiritual health *(adapted from NCCIH, 2025)*.

Indigenous knowledge (Indigenous ways of knowing)

The complex and diverse ways in which Indigenous peoples learn and teach. Learning and teaching is not limited to human interactions; it encompasses all elements that can teach individuals, from flora and fauna to objects in the environment that many consider inanimate *(Office of Indigenous Initiatives, n.d.)*.

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 *(CIHC, 2010)*.

Intraprofessional (collaboration)

A relational and respectful process among nursing colleagues, across all nursing designations, that draws on the distinct knowledge, skills, and talents of each to achieve optimal outcomes for clients and the health system *(CNA, 2020)*. In contexts involving unregulated care providers, intraprofessional collaboration extends to understanding how regulated nursing roles interface with and provide direction to unregulated members of the nursing team.

Kinship

In Indigenous contexts reflects "all my relations" which is a concept that captures the broad way that family and kinship is defined within many Indigenous communities. It recognizes all the generations within a family; Elders, parents, aunties and uncles, children and grandchildren, and the unique roles they each play in supporting well-being. It also recognizes "kin relationships" with all living things and the natural world *(adapted from Raising the Village & Well Living House, 2020)*.

Knowledge keepers (Indigenous)

Indigenous individuals, sometimes Elders, who carry and share traditional knowledge and expertise in cultural and spiritual practices *(BCCNM, 2024)*.

Leadership (in nursing)

"The art and science of influence, empowerment, and governance to advance a culture of clinical and operational excellence through collaboration, innovation, advocacy, and engagement." It involves guiding individuals and teams toward shared goals and values in health care settings.

Formal leadership occurs in designated roles with authority (e.g., nurse managers, directors) and accountability for organizational outcomes.

Informal leadership is demonstrated by individuals without official titles who influence peers through expertise, trust, and interpersonal skills to improve care and teamwork (*adapted from American Nurses Association, 2024*).

Mentoring relationships

A formal or informal, developmental relationship between a more experienced individual and a less experienced colleague, that provides professional and psychosocial support. Mentoring relationships contribute to the mentee's confidence, competence, and professional development, while also supporting resilience and well-being for both mentor and mentee *(Giltenane et al., 2025).*

Near misses

A patient safety incident that did not reach the patient, and therefore no harm resulted *(Healthcare Excellence Canada, n.d.).*

Person-centred care

An approach to nursing and health care in which the individual's values, preferences, needs, and life context are respected and responded to, engaging them as an active partner in planning, decision-making, and delivery of holistic, safe, and compassionate care *(adapted from RNAO, 2025).*

Personalized health care

An approach to nursing that is responsive to the specific needs, preferences, and values of individuals and their communities. Personalized care affirms the importance of relational practice and shared decision-making, ensuring that care is respectful, culturally safe, and evidence-informed. It reflects a commitment to person-centred and equity-oriented care, as emphasized in Canadian nursing scholarship and practice guidelines *(adapted from RNAO, 2025 & Schmalz et al., 2022).*

Planetary health

A modern, holistic approach to health that expands upon the concept of environmental health by recognizing the deep interdependence between human well-being and the integrity of Earth's natural systems. In nursing, it calls for collaborative, cross-disciplinary action to repair environmental harm, integrate Indigenous knowledge systems, and address global stressors, such as climate change, biodiversity loss, and pollution, to safeguard the health of humans, animals, and ecosystems alike *(adapted from CNA & CANE, 2024).*

Point-of-care (health service delivery)

Nursing/health services delivered directly to clients at the time and location of care, where clinical assessment, decision-making, and interventions occur in real time *(adapted from CASN, 2022; CNO, 2023).*

Positional power

The therapeutic nurse-client relationship is one of unequal power. This results from the clients' dependence on the services provided by nurses due to the nurse's unique knowledge and authority within the health care system, their access to confidential information about clients, and their ability to influence decisions. This power imbalance places clients in a position of vulnerability. Nurses are responsible to recognize the imbalance of power and to be aware of the potential for clients to feel intimidated or dependent *(NSCN, 2019, p. 2).*

Precision health

An approach to health care using individual data, such as genetics, environment, lifestyle, and social factors, to predict, prevent, and personalize interventions for optimal health outcomes *(adapted from CDC, n.d.)*.

Privilege

Unearned power, benefits, advantages, access, and/or opportunities based on membership or perceived membership in a dominant group *(Government of Canada, 2023)*.

Professionalism

A commitment to the health and well-being of clients demonstrated through upholding the profession's practice standards and ethics, accountability to the public and the profession, individual leadership, and a dedication to continuing competence, continuing education, and safe, ethical practice in all interactions *(adapted from CCPNR, 2019; CCRNR, 2019)*.

Professional presence

A demonstration of respect, confidence, integrity, optimism, compassion, and empathy in accordance with professional standards, guidelines, and codes of ethics. It includes a registrant's verbal and non-verbal communication and the ability to articulate a positive and professional image, including the use of their name and professional designation *(NSCN, 2024)*.

Quality improvement

A systematic, data-guided approach to improving processes and outcomes in health care by identifying gaps, testing changes, and implementing evidence-based strategies to enhance safety, effectiveness, and patient experience *(Institute for Healthcare Improvement, 2024)*.

Racism

A systemic and ideological construct that assigns social and biological meaning to race, reinforcing hierarchical differences and justifying unequal treatment. In nursing, racism manifests through the continued use of race in clinical decision-making, the normalization of biased assumptions, and the profession's reluctance to confront its historical and structural role in perpetuating health inequities *(adapted from Kimani, 2023)*.

Relational practice

A way of practicing that focuses on understanding persons, situations, and contexts as relationally constituted, and engaging with others through thoughtful, reflexive, and responsive action grounded in mutual respect and ethical responsibility *(adapted from Doane & Varcoe, 2015)*.

Shared decision-making

A process in which health professionals and patients work together to make decisions, using the best available evidence and considering the patient's values and preferences *(Canada Research Chair in Shared Decision Making and Knowledge Translation, n.d.)*. It emphasizes a collaborative process between patients and providers that honours patients' autonomy.

Social justice

The ethical responsibility to promote fairness, equity, and inclusion in health care and society. Nurses apply knowledge of the social determinants of health to recognize and address systemic inequities, advocate for the rights of all individuals, and support culturally safe, anti-oppressive care environments *(CNA Code of Ethics, 2025)*.

Social systems

Complex adaptive systems made up of interdependent components, such as organizations, policies, and structures (e.g., legal, economic, housing, health care), that shape individual and population health outcomes. Nurses require systems thinking to understand and navigate these structures effectively *(adapted from McCoy & Allotey, 2021)*.

Structurally disadvantaged (populations)

Groups facing systemic barriers from social structures, resulting in poorer health outcomes and reduced access to care *(adapted from Canadian Public Health Association, n.d.)*.

Sustainability principles

Guiding values in nursing and health care that emphasize the interconnection between human health, environmental systems, and social equity. In Canada, these principles align with national nursing frameworks and global health goals, encouraging nurses to integrate environmental stewardship, climate action, and health equity into practice, education, and policy. They reflect commitments to the UN Sustainable Development Goals and the Truth and Reconciliation Commission's Calls to Action *(adapted from TRC, 2015; Calls to Action 22-24; UN Sustainable Development Goals, n.d.; CNA, 2025)*.

Sustainable practices

Strategies and actions that minimize negative impacts on the environment, promote social responsibility, and ensure economic viability *(Sustainability Awards, 2025)*. Environmentally responsible nursing actions that reduce the environmental footprint of health care systems, such as proper waste management, resource conservation, and energy efficiency.

Systemic inequities

Unjust, avoidable, and remediable differences in health outcomes and access to care that arise from institutional policies, social structures, and power imbalances embedded within the health care system *(Velasco & Reed, 2023)*.

Team dynamics

Relational and behavioural processes, such as role clarity, mutual trust, communication, and collaboration, that influence how effectively team members work together to deliver safe, coordinated care *(adapted from CIHC, 2024)*.

Trauma- and violence-informed

An approach to care grounded in four principles (1) understanding trauma and violence, especially structural violence, its prevalence and its impacts on peoples' lives and behaviours; (2) creating emotionally, culturally, and physically safe environments for people who access and provide services; (3) fostering opportunities for choice, collaboration, and connection; and (4) providing strengths-based and capacity-building ways to support people who access services *(EQUIP Health Care, n.d.)*.

Virtual care

The delivery of health services remotely using digital technologies, such as video conferencing, secure messaging, and mobile apps, to connect patients and providers for assessment, diagnosis, treatment, and follow-up without requiring in-person visits *(adapted from CNO, 2025)*.

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NOTICE TO ADVERTISERS

PLEASE NOTE: The deadline for submissions to *The Saskatchewan Gazette* is 5 p.m. on the Friday preceding the week of publication. If a holiday occurs within the week of publication, the deadline is 5 p.m. of the Thursday preceding the week of publication. Please allow yourself at least one full week to ensure mail delivery of Gazette submissions. Publication of any material received late will be delayed until the following week's issue.

All material for publication in *The Saskatchewan Gazette* must be submitted electronically (MS Word or WordPerfect) accompanied by a signed hard copy to the Office of the King's Printer, Ministry of Justice, B19-3085 Albert St., Regina SK S4S 0B1, tel. (306)787-6948, or by E-mail: **gazette@gov.sk.ca**.

Each document or disk must be complete in the form required for publication and must be separate from the covering letter. Signatures on all documents must be typewritten or clearly printed immediately below the written signatures.

Prepayment is required for ALL notices placed in *The Saskatchewan Gazette* by non-government clients. Cheques or money orders must be made payable to the Minister of Finance. Please include the GST in addition to regular charges at the rate of 5% each for those items listed below under "GST Payable".

The minimum charge for publication of notices not specified below is $16.00 for each notice, which sum shall accompany the material when forwarded for publication.

The following are minimum rates for advertising in *The Saskatchewan Gazette*:

GST Payable

Notices under *The Insurance Act*	Two issues	$80.00
Notice of Intention to Apply for a Private Bill	Two issues	80.00
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Notice of Sale of Unclaimed Shipments	One issue	20.00
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Notices under *The Companies Winding Up Act*	Two issues	$35.00
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*Please note that Auctioneers acting pursuant to *The Traffic Safety Act* must be licensed under *The Auctioneers Act*.

Notices re: Assessment Rolls (Municipal)	One issue	$60.00

One copy of your submission as it appeared in *The Saskatchewan Gazette* is mailed to government advertisers who are invoiced. With prepayment, a copy of your submission is available on request from the Office of the King's Printer.

Subscriptions

Yearly subscription rate to *The Saskatchewan Gazette* (Paper Copy)	Payable in advance	$125.00
Shipping charge per issue		$5.00

AVIS AUX ANNONCEURS

SACHEZ QUE: La date de tombée pour les soumissions à la *Gazette de la Saskatchewan* est le vendredi à 5 p.m., précédant la semaine de la parution. En cas de jour férié à l'intérieur de la semaine de parution, la date de tombée sera remise un jour avant, soit le jeudi à 5 p.m. Pour les envois de soumissions à la Gazette par la poste, veuillez prévoir une semaine au complet. La parution de tout matériel reçu en retard sera remise au numéro de la semaine suivante.

Tous les documents qui paraîtront dans la *Gazette de la Saskatchewan* doivent être soumis électroniquement (MS Word ou WordPerfect) et accompagnés d'une copie papier signée et envoyée au bureau de l'Imprimeur du Roi, ministère de la Justice de la Saskatchewan, B19-3085, rue Albert, Regina SK S4S 0B1, tél. 306-787-6948, ou par courriel: **gazette@gov.sk.ca.**

Chaque document ou disquette doit être complet, conformément aux normes de parution, et doit être séparé de la lettre d'accompagnement. Les signatures sur les documents doivent être dactylographiées ou écrites lisiblement en lettres moulées et doivent apparaître immédiatement en dessous de la signature écrite.

Le paiement d'avance est exigé pour TOUS les avis placés dans la *Gazette de la Saskatchewan* par les clients non gouvernementaux. Les chèques ou les mandats doivent être établis à l'ordre du ministère des finances de la Saskatchewan. Veuillez y inclure la TPS en plus des tarifs réguliers au taux de 5 % pour chaque article cité ci-dessous dans la catégorie « soumis à la TPS.

Le prix minimal pour la parution d'avis non inclus dans la liste ci-dessous, est de 16 $ par avis. Le paiement devra accompagner le matériel envoyé aux fins de parution.

Voici les tarifs minimum pour les publications d'annonces dans la *Gazette de la Saskatchewan*:

Soumis à la TPS		
Avis en vertu de la *Insurance Act*	Deux numéros	80$
Avis d'intention de demander l'adoption d'un projet de loi d'intérêt privé	Deux numéros	80$
Avis de vente aux enchères	Un numéro	30$
Avis de vente de marchandises non réclamées	Un numéro	20$
Avis en vertu de la *Tax Enforcement Act*	Cinq parcelles ou moins, pour un prix minimal de (Les parcelles supplémentaires sont au prix de 0,75 $ chacune; les descriptions par mesurage et délimitation coûtent 3,50$ chacune.)	40$
Exempts de TPS		
Avis en vertu de la *Companies Winding Up Act*	Deux numéros	35$
Avis en vertu de la *Traffic Safety Act** or *ou Loi sur les privilèges à base commerciale*(Encans de véhicules)	Un numéro	20$
*Veuillez noter que les encanteurs qui agissent en vertu de la *Traffic Safety Act* doivent détenir une licence conformément à la *Auctioneers Act*.		
Avis au sujet du rôle d'évaluation (Municipal)	Un numéro	60$
Un exemplaire de votre soumission, telle que parue dans la *Gazette de la Saskatchewan*, est envoyé aux gouvernements qui ont placé une annonce facturée. Si vous payez à l'avance, un exemplaire de votre soumission est disponible sur demande auprès du bureau de l'Imprimeur du Roi.		
Abonnement		
Tarif d'abonnement annuel à la *Gazette de la Saskatchewan* (copie papier)	Payable à l'avance	125$
Frais de livraison par numéro		5$

FOR INFORMATION CONTACT THE OFFICE OF THE KING'S PRINTER AT/ POUR OBTENIR DES RENSEIGNEMENTS, COMMUNIQUEZ AVEC LE BUREAU DE L'IMPRIMEUR DU ROI AU:

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MUNICIPAL PUBLISHING

We are pleased to offer a Gazette and Publications Centre service to you with respect to municipal bylaws and other information online. We have had a great working relationship with municipalities for many years for assessment notices and meeting your legislation needs. With the introduction of Bill 43 - *The Municipalities Modernization and Red Tape Reduction Act*, Office of the King's Printer can help you prepare for and meet the legislative requirement of publishing bylaws in a downloadable format on a website available to the public in advance of the September 1, 2028 deadline.

By preparing for the new municipal publishing rules, this is an opportunity for all municipalities to satisfy their current publishing requirements as well as start the process to publish on a public website, Publications Centre. The Gazette, which is and has been a permanent and official publication since 1905, qualifies as a weekly public newspaper and is the only publication for notices whose jurisdiction is the entire Province of Saskatchewan. Publications Centre is a permanent solution for municipal publishing on the Internet and will always have the highest standards of security, accessibility and availability from the official publisher of Government of Saskatchewan Acts and regulations and Rules of Court.

Office of the King's Printer can further provide print copies of your bylaws and other information to constituents using our established ecommerce should anyone want a print copy.

To further discuss how our office can support you and specific pricing as well as timelines for publication, please contact us at:

Office of the King's Printer
Phone: (306) 787-6894
Toll Free: 1.800.226.7302
Email: publications@gov.sk.ca

Our team is here to help. Contact us with any questions or when you would like to get started.

Office of the King's Printer

The Office of the King's Printer counter service is open regular hours, 8 am to noon, 1 to 5 pm, Monday to Friday. Please ring doorbell for service.

Should you require a publication for pick up or have a delivery for our office, please call 306-787-6894, toll free in Saskatchewan 1-800-226-7302 or email publications@gov.sk.ca and a staff member will assist you.

Thank you for your continued patronage.

Les heures normales d'ouverture du service au comptoir de l'Imprimeur du Roi sont du lundi au vendredi, de 8 h à midi et de 13 h à 17 h. Veuillez sonner à la porte pour être servi.

Pour ramasser une publication ou effectuer une livraison à notre bureau, veuillez composer le 306-787-6894, ou le 1-800-226-7302 sans frais en Saskatchewan ou encore envoyer un courriel à publications@gov.sk.ca et un membre du personnel vous aidera.

Nous vous remercions de continuer d'utiliser nos services.

PUBLICATIONS MUNICIPALES

Nous avons le plaisir de vous proposer les services de la Gazette et du Centre des publications en ce qui a trait aux arrêtés municipaux et aux autres renseignements publiés en ligne. Depuis de nombreuses années, nous entretenons d'excellentes relations de travail avec les municipalités en matière d'avis d'évaluation en vue de les aider à se conformer aux lois. Avec l'entrée en vigueur du chapitre 25 de la loi sur la modernisation des municipalités et la réduction des formalités administratives, intitulée *The Municipalities Modernization and Red Tape Reduction Act*, le Bureau de l'Imprimeur du Roi peut vous aider à vous préparer et à vous conformer à l'obligation légale de publier les arrêtés municipaux dans un format téléchargeable sur un site Web accessible au public avant la date limite du 1er septembre 2028.

En se préparant à l'entrée en vigueur des nouvelles règles en matière de publication municipale, toutes les municipalités ont ainsi l'occasion de se conformer à leurs obligations actuelles en la matière et d'entamer les démarches nécessaires pour publier leurs documents sur un site Web public, le Centre des publications. La Gazette, qui est et a toujours été une publication officielle et permanente depuis 1905, est considérée comme un journal public hebdomadaire et constitue la seule publication dédiée aux avis dont le champ d'application couvre l'ensemble de la province de la Saskatchewan. Le Centre des publications constitue une solution permanente pour la publication municipale sur Internet et respectera toujours les normes les plus strictes en matière de sécurité, d'accessibilité et de disponibilité, en tant qu'éditeur officiel des lois, règlements et règles de procédure du gouvernement de la Saskatchewan.

Le Bureau de l'Imprimeur du Roi peut également fournir des exemplaires papier de vos arrêtés municipaux et d'autres renseignements à vos électeurs via notre plate-forme de commerce électronique, si certains d'entre eux souhaitent en obtenir un exemplaire papier.

Pour en savoir plus sur la manière dont notre bureau peut vous aider, ainsi que sur les tarifs et les délais de publication, veuillez communiquer avec nous à l'adresse suivante :

Bureau de l'Imprimeur du Roi

Téléphone : 306-787-6894

Numéro sans frais : 1-800-226-7302

Courriel : publications@gov.sk.ca

Notre équipe est là pour vous aider. N'hésitez pas à communiquer avec nous si vous avez des questions ou si vous souhaitez vous lancer.

Bureau de l'Imprimeur du Roi

Member of the *Better Business Bureau of Saskatchewan* since 2003

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