



Registered Nurses Association of the Northwest Territories and Nunavut

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P.O. Box 2757, Yellowknife, NT X1A 2R1

NP REINSTATEMENT APPLICATION FORM

Please Print Clearly

PERSONAL INFORMATION

Name: _____
Last Name First Name Middle Name (Underline Common Name) Previous Name(s)

Phone: (____) _____ Email: _____

Certificate of registration to be mailed to:

Address: _____
Number Street City/Town Province/Territory Postal Code

Since last RNANT/NU membership I have been:

EMPLOYED as a Registered Nurse or Nurse Practitioner since membership with the RNANT/NU expired:

- in the Northwest Territories or Nunavut
 elsewhere, please indicate province/territory/country: _____

NOT EMPLOYED as a Registered Nurse or Nurse Practitioner since membership with RNANT/NU expired. Please indicate reason:

- attending educational program in nursing
 other (e.g. maternity leave, vacation, education not in nursing, etc.)
 has not worked as a Registered Nurse or Nurse Practitioner since membership with RNANT/NU expired

INITIAL NURSING EDUCATION

- Diploma in Nursing Baccalaureate in Nursing Master in Nursing

School of Nursing: _____ Graduation Date: _____

Location: _____
City/Town Province/Territory/State Country

INITIAL NURSE PRACTITIONER EDUCATION

- Nurse Practitioner Post – RN Diploma Nurse Practitioner Post – MN Diploma Masters – Nurse Practitioner

Nurse Practitioner Education Program: _____ Graduation Date: _____

Location: _____
City/Town Province/Territory/State Country

Successful challenge of the NP registration criteria: (Province/Territory/State) _____ Year _____

EXAMINATION INFORMATION

Location and date of Entry to Practice Registered Nurse Exam: (Province/Territory/State) _____ Year _____

Was the examination in English? **Yes** **No**

Location and date of Canadian Nurse Practitioner Exam: (Province/Territory) _____ Year _____

Have you written any other Nurse Practitioner Registration Exam in Canada? **Yes** **No**

If yes, please specify name of exam: _____ Location and date of exam: _____

VERIFICATION OF REGISTRATION

Original Canadian jurisdiction (province/territory): _____
(location you completed your Canadian Nursing Exam)

Current jurisdiction(s) (province/territory/international): _____
(Location you are currently registered)

ELIGIBILITY QUESTIONS

- 1. Are you fluent in English? **Yes** **No**

- 2. Are you affected by or diagnosed with a physical, mental condition/illness, disability or drug/alcohol addiction which may affect your ability to practice nursing? **Yes** **No**

- 3. Is your registration currently or has it ever had conditions attached, been suspended, revoked or under investigation in any jurisdiction? **Yes** **No**

- 4. Have you ever been denied registration? **Yes** **No**

- 5. Are you currently completing or have you ever had to complete undertakings as part of a professional conduct review with any professional regulatory body? **Yes** **No**

- 6. Have you ever been found guilty of a criminal offence or do you have any outstanding charges? **Yes** **No**

If you have answered "yes" to any of questions 2-6, please attach a written explanation.

RN/NP PRACTICE EXPERIENCE

List all employment in **chronological** order in the past five years beginning with the current year. (Continues on next page, use additional paper if needed)

1.	_____	_____	From _____ To _____
	Position Held	Hrs. worked per year	Dates Employed
	_____	_____	
	Employer	Mailing Address	
	_____	_____	_____
	Town/City	Province/Territory	Country
2.	_____	_____	From _____ To _____
	Position Held	Hrs. worked per year	Dates Employed
	_____	_____	
	Employer	Mailing Address	
	_____	_____	_____
	Town/City	Province/Territory	Country
3.	_____	_____	From _____ To _____
	Position Held	Hrs. worked per year	Dates Employed
	_____	_____	
	Employer	Mailing Address	
	_____	_____	_____
	Town/City	Province/Territory	Country
4.	_____	_____	From _____ To _____
	Position Held	Hrs. worked per year	Dates Employed
	_____	_____	
	Employer	Mailing Address	
	_____	_____	_____
	Town/City	Province/Territory	Country

Date of anticipated nursing employment in the NT or NU: _____

I certify that the information I have provided on this form is true and acknowledge that my registration can be refused, suspended, or cancelled if I have provided any inaccurate information.

Signature

Date