



RN INITIAL 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

EXAMINATION INFORMATION

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

Was the examination in English? Yes No

Which exam did you write? _____ **If NCLEX-RN** - Which Regulatory Body received your NCLEX-RN results? _____

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 PRACTICE EXPERIENCE

List all **Registered Nursing** employment in **chronological** order in the past five years beginning with the current year. (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