



## TEMPORARY CERTIFICATE APPLICATION FORM

### IDENTIFICATION

|   |   |  |
|---|---|--|
| Full legal name: (Last Name, First Name, Middle Name)         |   | Maiden or Previous Name:                 |
| Commonly used name: (for mailing purposes)                    |   |  |
| Mailing Address: (City/Town, Province/Territory, Postal Code) |   |  |
| Email:  |   |  |
| Phone Numbers:  |   |  |
| Work: ( )   |   | Home: ( )                                |
| Date of Birth: (YYYY/MM/DD)                                   | Sex:<br><input type="checkbox"/> Female <input type="checkbox"/> Male | RNANT/NU Registration #: (if applicable) |

### NURSING EDUCATION

|                    |  |                  |
|--------------------|--|------------------|
| School of Nursing: | <input type="checkbox"/> RN Program<br><input type="checkbox"/> NP Program | Graduation Date: |
| Location:          |  |                  |

### REASON FOR TEMPORARY CERTIFICATE

|   |
|---|
| <input type="checkbox"/> <b>Employment in NT/NU (waiting to write entry to practice exam or receive exam results)</b><br>Date/location of NCLEX-RN or CNPE Write: _____<br>Anticipated date/location of hire: _____                               |
| <input type="checkbox"/> <b>Completing a Nursing Refresher program or undertakings as part of the Professional Conduct Review process</b><br>Name of Refresher Program (if applicable): _____<br>Anticipated date(s) of clinical practicum: _____ |

**REGISTRATION INFORMATION:**

|   |  |  |
|---|--|--|
| Q1  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | Are you fluent in English?   |
| Q2  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | Have you ever previously applied for registration with RNANT/NU?   |
| Q3  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | 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?  |
| Q4  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | Have you, at any time, been officially reprimanded, suspended or expelled from any nursing education program?  |
| Q5  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | Is your nursing or nursing student professional conduct behaviour and practice currently or has it ever been under investigation?  |
| Q6  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | Are you currently completing or have you ever had to complete undertakings as part of a professional conduct review with any professional regulatory body?   |
| Q7  | <input type="checkbox"/> Yes<br>under<br><input type="checkbox"/> No | Is your registration currently or has it ever had conditions attached, been suspended, revoked, or investigation in any jurisdiction? (RN Refresher & NP Graduate applicants only)                                 |
| Q8  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | Have you ever been found guilty of a criminal offence in any province, territory or country, or do you have any outstanding charges? <b>**This includes any criminal offence for which you received a pardon**</b> |
| <p><b>NOTE: If you answered “yes” for any of questions 3-8, please attach documentation (e.g., letter of explanation, pardon) or indicate if documentation was previously submitted. Additionally, if you answered “yes” for Q5, Q6 or Q7 indicate for which jurisdiction(s) and if “yes” for Q8 indicate for which province, territory, state, or country. You must immediately notify the RNANT/NU if there are any changes to the above circumstances.</b></p> |  |  |

I certify the information I have provided is true and acknowledge that my Temporary Certificate can be refused, suspended or cancelled if I have provided any inaccurate information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_