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

## ANNUAL NP REINSTATEMENT REGISTRATION FORM

January 1, 2019 To December 31, 2019

### Identification (Please print)

Full legal name: (include middle initial or name)		Maiden or previous name:
Commonly used name: (for mailing purposes)		
Mailing Address: (City/Town, Province/Territory, Postal Code)		
Email: For registration and renewal communication RNANT/NU requires a current email address		
Phone numbers:		
Work:	Cell or Home:	
Date of Birth: (YYYY/MM/DD)	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Primary Residence <input type="checkbox"/> NT <input type="checkbox"/> NU <input type="checkbox"/> Other

### Status and Fees

<input type="checkbox"/> Nurse Practitioner (NP)	\$1,079.30 = \$789.80 (Base) + \$55.00 (NP Fee) + \$60.60 (CNA) + \$122.50 (CNPS) + \$51.40 (GST)
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### Verification of Registration

All jurisdictions you have been registered with:	
_____	License/Reg #: _____
_____	License/Reg #: _____
_____	License/Reg #: _____

### Initial Nursing Education (Check one only)

<input type="checkbox"/> Diploma in Nursing:	School name _____	Province/Territory _____	Year Graduated _____
<input type="checkbox"/> Bachelor's Degree in Nursing:	School name _____	Province/Territory _____	Year Graduated _____
<input type="checkbox"/> Master's Degree in Nursing:	School name _____	Province/Territory _____	Year Graduated _____



**Initial Nurse Practitioner Education (check one only)**

<input type="checkbox"/> Nurse Practitioner Post- RN Diploma:	<input type="checkbox"/> Nurse Practitioner Post- MN Diploma	<input type="checkbox"/> 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: _____

**Additional Nursing Education (no abbreviations)**

<input type="checkbox"/> CNA Certification Please Specify: _____ Date _____
<input type="checkbox"/> RN Refresher Program Please Specify: _____ Date _____
<input type="checkbox"/> Bachelor's Degree in Nursing: School Name _____ Province/Territory _____ Year Graduated _____
<input type="checkbox"/> Master's Degree in Nursing: School Name _____ Province/Territory _____ Year Graduated _____
<input type="checkbox"/> Doctorate in Nursing: School Name _____ Province/Territory _____ Year Graduated _____



**Continuing Nursing Education**

Post Basic Nursing Non-Degree course/program (min. 300 hours)  
Please Specify: \_\_\_\_\_ Date \_\_\_\_\_

Post Basic Nursing Non-Degree course/program (min. 300 hours)  
Please Specify: \_\_\_\_\_ Date \_\_\_\_\_

Post Basic Nursing Non-Degree course/program (min. 300 hours)  
Please Specify: \_\_\_\_\_ Date \_\_\_\_\_

Non-Nursing Education  
Please Specify: \_\_\_\_\_ Date \_\_\_\_\_

Non-Nursing Education  
Please Specify: \_\_\_\_\_ Date \_\_\_\_\_

Other please specify, Nursing or Non-Nursing

**Continuing Competence**

Demonstration of continuing competence is a mandatory requirement for registration as an RN or NP with the RNANT/NU.

**Reinstatement applicants:**

I have completed my 2018 continuing competence learning plan (CCP) for 2018 in the following Canadian jurisdiction  
\_\_\_\_\_

**2018 Employment History**

Hours worked between Jan1, 2018- Dec 31, 2018	Hours worked as a RN	Hours worked as a NP	(FT Hours= 1950 hours)
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**Since my 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: \_\_\_\_\_

Have not worked as a Registered Nurse or Nurse Practitioner since membership with RNANT/NU expired

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

Maternity Leave

Education program in nursing

Education program not in nursing

Vacation/deferred leave

Retired



**NP Practice Experience** (*List your most current NP employer*)

1.	<hr/> <p style="text-align: center;">Position Held</p> <hr/> <p style="text-align: center;">Employer</p> <hr/> <p style="text-align: center;">Town/City</p>	<hr/> <p style="text-align: center;">Hours worked per year</p> <hr/> <p style="text-align: center;">Province/Territory</p>	<hr/> <p style="text-align: center;">From</p>	<hr/> <p style="text-align: center;">To</p>	<hr/> <p style="text-align: center;">Dates Employed</p>
2.	<hr/> <p style="text-align: center;">Position Held</p> <hr/> <p style="text-align: center;">Employer</p> <hr/> <p style="text-align: center;">Town/City</p>	<hr/> <p style="text-align: center;">Hours worked per year</p> <hr/> <p style="text-align: center;">Province/Territory</p>	<hr/> <p style="text-align: center;">From</p>	<hr/> <p style="text-align: center;">To</p>	<hr/> <p style="text-align: center;">Dates Employed</p>

Statistics are provided annually to the Canadian Institute for Health Information (CIHI) for input into trend analysis, research, and planning.

**NT/NU Employment Status**

<p><b>Not Employed</b></p> <p><input type="checkbox"/> Seeking employment in nursing</p> <p><input type="checkbox"/> Not seeking employment in nursing</p>	<p><b>Primary NT/NU Employer/Agency:</b> (for current or anticipated NT/NU employer)</p> <p>Anticipated start date: _____</p> <hr/> <p style="text-align: center;">Name of Institute/Agency Mailing Address</p> <hr/> <p style="text-align: center;">City/Town      Province/Territory      Postal Code</p> <hr/> <p style="text-align: center;">Phone      Fax</p>
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**Eligibility for Registration**

Q1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you fluent in English?
Q2	<input type="checkbox"/> Yes <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?
Q3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your registration currently or has it ever had conditions attached, been suspended, revoked, or under investigation in any jurisdiction?
Q4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied registration?
Q5	<input type="checkbox"/> Yes <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?
Q6	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been found guilty of a criminal offence in any province, territory, state or country, or do you have any outstanding charges? <b>**This includes any criminal offence for which you received a pardon**</b>

**NOTE:** If you answered “yes” for any of the eligibility questions 2 - 6, please attach documentation (e.g., letter of explanation, pardon) or indicate if documentation was previously submitted. As well, if answered “yes” for Q3 or Q5 indicate for which jurisdiction and if answered “yes” for Q6 indicate for which province, territory, state, or country. You must immediately notify the RNANT/NU if there are any changes to the above circumstances.

**Consent**

As a member of the RNANT/NU, you automatically become a member of the Canadian Nurses Association (CNA). CNA receives your name, address, and registration number and requires your consent to send you electronic communications. This is included in your Registration fees and these fees are not optional, or refundable.

**NOTE: THIS DOES NOT APPLY TO ASSOCIATE MEMBERS.**

- I consent to the RNANT/NU providing my email address to CNA and I consent to receiving electronic communications from CNA, so I can receive information and newsletters from CNA and be kept up to date on new products, promotions, services, reports, and other CNA activities.
- I do not consent to provide my email address to CNA as I already have this service provided to me from another jurisdiction.

You can withdraw your consent to receive electronic communications at any time by contacting CNA at 50 Driveway, Ottawa, ON, K2P 1E2, [www.cna-aicc.ca](http://www.cna-aicc.ca), [members@cna-aicc.ca](mailto:members@cna-aicc.ca)

Your consent is required to permit RNANT/NU to send you, by email, information on services, promotions, reports, the newsletter, opportunities to participate in research, and other activities.

- I consent to receive electronic communications from the RNANT/NU.
- I do not consent to receive electronic communication from RNANT/NU.

You can withdraw your consent to receive electronic communications at any time by contacting us at RNANT/NU, P.O Box 2757, Yellowknife, NT, X1A 2R1, or [memberresponse@rnantnu.ca](mailto:memberresponse@rnantnu.ca)

For registration and renewal communication RNANT/NU requires a current email address.

As stated in its privacy policy, in addition to its regulatory purpose, the RNANT/NU collects your information for providing you access to the Canadian Nurses Protective Society (CNPS) services, including its professional liability protection, while lawfully engaged in the practice of nursing in Canada. The RNANT/NU shares your name, contact information, and membership information with the CNPS. This is included in your registration fees and is not optional.



**Signature**

- 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.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

*Please ensure you read this form in its entirety and that each section is filled out completely prior to submission to avoid delays with the processing of your application. Incomplete applications will be delayed.*