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

## 2019 ANNUAL RENEWAL 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	Primary Residence <input type="checkbox"/> NT <input type="checkbox"/> NU <input type="checkbox"/> Other

### Status and Fees

<input type="checkbox"/> Registered Nurse (RN)	\$943.32 = \$789.80 (Base) + \$60.60 (CNA) + \$48.00 (CNPS) + \$44.92 (GST)
<input type="checkbox"/> Nurse Practitioner (NP)	\$1079.30 = \$789.80 (Base) + \$55.00 (NP Fee) + \$60.60 (CNA) + \$122.50 (CNPS) + \$51.40 (GST)
<input type="checkbox"/> Associate Non-Practicing	\$65.63 = \$62.50 (Fee) + \$3.13 (GST)

### 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 _____



**Choose “ONLY ONE” from each category for each current employer in the NT or NU**

Category 1			Category 2			Category 3		
Place of Work (NT or NU)			Position (NT or NU)			Primary Area of Responsibility (NT or NU)		
Primary Employer	Second Employer	Third Employer	Primary Employer	Second Employer	Third Employer	Primary Employer	Second Employer	Third Employer
1	Hospital (General, Maternal, Pediatric, Psychiatric)		1	Chief Nursing Officer/Chief Executive Officer		Direct Care		Administration
2	Mental Health Centre		2	Director/Assistant Director		1	Medicine/Surgery	2 1 Nursing Service
3	Nursing Station (outpost or clinic)		3	Manager/Assistant Manager		2	Psychiatry/mental	2 2 Nursing Education
4	Rehabilitation/Convalescent Centre		6	Staff Nurse/Community Health Nurse		3	Pediatrics	2 9 Other Admin – Specify in Notes
5	Nursing Home/Long Term Care		8	Instructor/Professor/Educator		4	Maternity/Newborn	<b>Education</b>
6	Home Care Agency		9	Researcher		5	Geriatrics/long-term	3 1 Teaching Students
8	Business/Industry/Occupational Health Office		10	Consultant		6	Critical Care	3 2 Teaching Employees
9	Private Nursing Agency/Private Duty		11	Other – Specify in Notes		7	Community Health (CHN)	3 3 Teaching patients/clients
10	Self Employed		14	Clinical Nurse Specialist		8	Ambulatory Care	3 9 Other Education – Specify in Notes
11	Physician’s Office/Family Practice Unit		15	Nurse Midwife		9	Home Care	<b>Research</b>
12	Education Institution		16	Nurse Practitioner		10	Occupational Health	4 1 Nursing Research Only
13	Association/Government	Notes:				11	Operating Room/Recovery Room	4 9 Other Research – Specify in Notes
14	Other place of Work – Specify in Notes					12	Emergency Care	Notes:
17	Public Health Department/Unit					13	Several Clinical areas	
Notes:						14	Oncology	
						15	Rehabilitation	
		17	Public Health					
		18	Telehealth					
		19	Other direct care – specify in notes					

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



**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-aiic.ca](http://www.cna-aiic.ca), [members@cna-aiic.ca](mailto:members@cna-aiic.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.*