Phone: (867) 873-2745 / Fax: (867) 873-2336 / Email: <u>info@rnantnu.ca</u> 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 na	ame)	Maiden or previous name:						
Commonly used name: (for mailing purpose	es)							
Mailing Address: (City/Town, Province/Terr	ritory, Postal Code)							
Email:								
For registration and renewal communication	on RNANT/NU requires a cur	rent email address						
Phone numbers:								
Work:	Cell or	Home:						
Date of Birth: (YYYY/MM/DD)	Sex:	Primary Residence						
	☐ Female ☐ Male	□ NT □ NU □ Other						
Status and Fees								
	80 (Base) + \$60.60 (CNA) + \$	348.00 (CNPS) + \$44.92 (GST)						
☐ Nurse Practitioner \$1079.30 = \$789 (NP)	9.80 (Base) + \$55.00 (NP Fee) + \$60.60 (CNA) + \$122.50 (CNPS) + \$51.40 (GST)						
Associate Non- \$65.63 = \$62.50 Practicing	(Fee) + \$3.13 (GST)							
Verification of Registration								
All jurisdictions you have been registered w	vith:							
, ,		License /Deg #v						
		License/Reg #:						
		License/Reg #:						
		License/Reg #:						
Initial Nursing Education (check one	Initial Nursing Education (charle one only)							
	· •····							
☐ Diploma in Nursing:	D.:	Noon Craduated						
•	Pr	ovince/Territory Year Graduated						
	D	ovince/Territory Vear Graduated						
School name Master's Degree in Nursing:	Pr	ovince/Territory Year Graduated						
Master's Degree in Nursing:School name	Pr	ovince/Territory Year Graduated						



Continuing Competence

Demonstration of continuing competence is a mandatory requirement for registration as an RN or NP with the RNANT/NU.						
Renewal applicants:						
☐ I have completed my 2018 RNANT/NU continuing competence learning plan (CCP)						

2018 Employment History

Hours worked between	Hours worked as a RN	Hours worked as a NP	
Jan1, 2018- Dec 31, 2018			(FT Hours= 1950 hours)

NT/NU Employment Status

Employ	ment in Nursing	Primary NT/NU Employer/Agency:					
	Employed in nursing full-time Employed in nursing part-time Employed in nursing on casual basis	(for current or anticipated NT/NU employer)		ployer)			
Multiple Employment		Name of I	Name of Institute/Agency Mailing Address				
	Employed by more than one employer Not employed by more than one employer	City/Town	Province/Territory	Postal Code			
Not Employed		City, Town	r rovince, remitory	1 ostar code			
	Seeking employment in nursing Not seeking employment in nursing	Phone	Phone				

Eligibility for Registration

Q1	Yes	Are you fluent in English?
	No	
Q2	Yes	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?
	No	
Q3	Yes	Is your registration currently or has it ever had conditions attached, been suspended,
		revoked, or under investigation in any jurisdiction?
	No	
Q4	Yes	Have you ever been denied registration?
	No	
Q5	Yes	Are you currently completing or have you ever had to complete undertakings as part
		of a professional conduct review with any professional regulatory body?
	No	
Q6	Yes	Have you ever been found guilty of a criminal offence in any province, territory, state or
		country, or do you have any outstanding charges? **This includes any criminal offence for
		which you received a pardon**
	No	

NOTE: If you answered "yes" to Q2 to Q6 of the eligibility questions, 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.



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	Second	Third	Primary	Second	Third		Primary Second			Third Employer
Employer	Employer	Employer	Employer	Employer	Employer	Е	mployer	Employer		
1	Hospital (Gener Pediatric, Psych		1	Chief Nursing Officer/Chief Executive Officer			Direct Care			Administration
2	Mental Health (Centre	2	2 Director/Assistant Director		1	1 Medicine/Surgery		2	Nursing Service
3	Nursing Station clinic)	(outpost or	3	Manager/Assistant Manager		2	Psychiatry/mental		2	Nursing Education
4	Rehabilitation/C Centre	Convalescent	6	Staff Nurse/Community Health Nurse		3	Pediatrics		2 9	Other Admin – Specify in Notes
5	Nursing Home/ Care	Long Term	8	Instructor/Professor/Ed ucator		4	Maternity/Newborn			Education
6	Home Care Age		9	Researcher		5	Geriatrics/long-term		3 1	Teaching Students
8	Business/Indust nal Health Offic		10	Consultant		6	6 Critical Care		3 2	Teaching Employees
9	Private Nursing Agency/Private	Duty	11	Other – Specify in Notes		7	7 Community Health (CHN)		3	Teaching patients/clients
10	Self Employed		14	Clinical Nurse Specialist		8	8 Ambulatory Care		3 9	Other Education – Specify in Notes
11	Physician's Office Practice Unit	ce/Family	15	Nurse Midv	wife	9	Home	Care		Research
12	Education Instit	ution	16	Nurse Pract	titioner	10	Occupational Health		4 1	Nursing Research Only
13	Association/Gov	vernment	Notes:			11	11 Operating Room/ Recovery Room		4 9	Other Research - Specify in Notes
14	Other place of \ Specify in Notes				12	12 Emergency Care		N	otes:	
17	Public Health Department/Ur				13	Several Clinical areas				
Notes:					14	Oncology		4		
					15 17	Rehabilitat Public Hea		-		
					18	Telehealth		1		
						19		ct 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 manufact of the DNIANT/NILL		diam Numana Association (CNA). CNA massiusa
	•	dian Nurses Association (CNA). CNA receives
		ou electronic communications. This is included
in your Registration fees and these fees ar	e not optional, or refundable.	
NOTE: THIS DOES NOT APPLY TO ASSOCIAT	TE MEMBERS	
		· · · · · · · · · · · · · · · · · · ·
·		sent to receiving electronic communications
	mation and newsletters from CNA and be	kept up to date on new products,
promotions, services, reports, ar	nd other CNA activities.	
I do not consent to provide my e	email address to CNA as I already have th	is service provided to me from another
jurisdiction.	•	·
juniounouse		
Var. can withdraw your consent to receive al	actronic communications at any time by	contacting CNA at EO Drivoway, Ottawa, ON
-		contacting CNA at 50 Driveway, Ottawa, ON,
K2P 1E2, www.cna-aiic.ca, members@cna-ai	ic.ca	
Your consent is required to permit RNANT/N	III to send you, by email, information on	services, promotions, reports, the newsletter,
opportunities to participate in research, and		services, promotions, reports, the helistette.,
Opportunities to participate in research, and	other activities.	
I consent to receive electronic consent	ammunications from the BNANT/NUL	
	ommunications from the RNANT/NU.	
I do not consent to receive elect	ronic communication from RNANT/NU.	
You can withdraw your consent to receive el	ectronic communications at any time by	contacting us at RNANT/NU, P.O Box 2757,
Yellowknife, NT, X1A 2R1, or memberrespon	se@rnantnu.ca	
, , , , , , , , , , , , , , , , , , , ,		
For registration and renewal communic	cation RNANT/NU requires a current ema	ail address.
,		444. 655.
As stated in its privacy policy, in addition to	o its regulatory purpose, the RNANT/N	III collects your information for providing
you access to the Canadian Nurses Protect		• • • • • • • • • • • • • • • • • • • •
lawfully engaged in the practice of nursing	•	
membership information with the CNPS. T	his is included in your registration fees	and is not optional.
·	• -	·
Cianatura		
<u>Signature</u>		
I certify that the information I had	ave provided on this form is true and ack	nowledge that my registration can be refused,
	e provided any inaccurate information.	, , , , , , , , , , , , , , , , , , , ,
suspended, or cancelled if thave	provided any maccarate 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.