REGISTERED NURSES ASSOCIATION
OF THE NORTHWEST TERRITORIES AND NUNAVUT

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

ANNUAL RN INITIAL 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: ❑ Female ❑ Male ❑ Other	Primary Residence ☐ NT ☐ NU ☐ Other

Status and Fees

❑ Registered Nurse (RN)	$943.32 = $789.80 (Base) + $60.60 (CNA) + $48.00 (CNPS) + $44.92 (GST)

Verification of Registration

All jurisdictions you have been registered with:

_____ License/Reg #: _____

_____ License/Reg #: _____

_____ License/Reg #: _____

Initial Nursing Education (Check one only)

☐ Diploma in Nursing:
School name _____ Province/Territory _____ Year Graduated _____

☐ Bachelor's Degree in Nursing:
School name _____ Province/Territory _____ Year Graduated _____

☐ Master's Degree in Nursing:
School name _____ Province/Territory _____ Year Graduated _____

Examination Information

- ☐ Location and date of entry to practice Registered Nurse exam: (Province/Territory/State) _____
- ☐ Which language was the examination in? ☐ English ☐ French
- ☐ Which exam did you write _____ If NCLEX-RN- Which regulatory body received your results? _____

Additional Nursing Education (no abbreviations)

- ☐ CNA Certification Please Specify:

  _____ Date _____

- ☐ RN Refresher Program Please Specify:

  _____ Date _____

- ☐ Bachelor's Degree in Nursing: School Name _____

  Province/Territory _____ Year Graduated _____

- ☐ Master's Degree in Nursing: School Name _____

  Province/Territory _____ Year Graduated _____

- ☐ 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.

Initial applicants:

☐ I have completed my 2018 continuing competence/quality assurance 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	(FT Hours= 1950 hours)

RN Practice Experience (List all RN employment in the past five years, beginning with the most current)

1.

_____ Position Held _____ Hours worked per year From _____ To _____ Dates Employed

_____ Employer _____ Mailing Address

_____ Town/City _____ Province/Territory _____ Country

2.

_____ Position Held _____ Hours worked per year From _____ To _____ Dates Employed

_____ Employer _____ Mailing Address

_____ Town/City _____ Province/Territory _____ Country

3.

_____ Position Held _____ Hours worked per year From _____ To _____ Dates Employed

_____ Employer _____ Mailing Address

_____ Town/City _____ Province/Territory _____ Country

NT/NU Employment Status

Not Employed ☐ Seeking employment in nursing ☐ Not seeking employment in nursing	**Primary NT/NU Employer/Agency:** (for current or anticipated NT/NU employer) Anticipated start date: _____ _____ Name of Institute/Agency Mailing Address _____ City/Town Province/Territory Postal Code _____ Phone Fax

Eligibility for Registration

Q1	☐ Yes ☐ No	Are you fluent in English?
Q2	☐ Yes ☐ 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	☐ Yes ☐ No	Is your registration currently or has it ever had conditions attached, been suspended, revoked, or under investigation in any jurisdiction?
Q4	☐ Yes ☐ No	Have you ever been denied registration?
Q5	☐ Yes ☐ 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	☐ Yes ☐ 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? **This includes any criminal offence for which you received a pardon**

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-aiic.ca, 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

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

As a member of RNANT/NU, you automatically become a member of the Canadian Nurses Protective Society (CNPS) providing you access to their services including its professional liability protections, while actively engaged in the practice of nursing in Canada. The fee for CNPS is included in your registration fee and are not optional or refundable. The RNANT/NU shares your name, membership category and contact information with CNPS.

Registration statistics are provided annually to the Canadian Institute for Health Information (CIHI) for input into trend analysis, research and health care workforce planning.

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.