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

2019 COURTESY PRACTICE LICENSE

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:		
Phone numbers:		
Work: ()		Cell or Home: ()
Date of Birth: (YYYY/MM/DD)	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	

Fee

<input type="checkbox"/> Courtesy License \$276.42 = \$263.26 (Base) + \$13.16 (GST)

Primary Employer Information

_____ Name of Employer/Institute/Agency	_____ Name of Manager/Supervisor	_____ Position Held
_____ Address	_____ Phone Number	_____ # of Years Employed with Employer
<input type="checkbox"/> I am self-employed		

Hours worked in Nursing: (As a Registered Nurse or Nurse Practitioner)

RN	<input type="checkbox"/> I declare I have worked a minimum of 1125hrs as a RN in the past 5 years	<input type="checkbox"/> No	<input type="checkbox"/> Yes
NP	<input type="checkbox"/> I declare I have worked a minimum of 1125hrs as a NP in the past 4 years	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> I have completed a course on prescribing controlled drugs & substances	<input type="checkbox"/> No	<input type="checkbox"/> Yes



Verification of Registration

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

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? **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.

Courtesy License Event Information

1)	Sponsoring Institute/ Agency/ Organization must write a letter providing a clear description and need for the Event/ Education/ Research
2)	Dates and Location of Courtesy Practice Event(s)
3)	Name of Primary Contact
4)	Contact Information of Agency: Phone/Fax/Email



With this application, please submit the following documents;

- Valid Government issued photo identification (Drivers' license/Passport/Other)
- A copy of your current nursing license.

Consent

- I declare I am applying for registration with the RNANT/NU for the sole purpose of providing education and/ or research. I am aware that this license is only valid for 14 days.
- I understand that I can only practice in the location and on the dates submitted to RNANT/NU.
- I understand that I may not provide direct patient care while practising under this Courtesy license.
- I hereby certify that the information given above is true and complete.
- I consent to have the RNANT/NU obtain an online verification from the jurisdictions in which I have been registered.
- I authorize the RNANT/NU to contact my primary employer for a reference.

Signature

Date

With this application please submit the following document's

- Valid government issued ID (must be photo, signature, expiry date & be current) and
- A copy of your current nursing license