



2019 PAYMENT AUTHORIZATION FORM January 1 to June 30.

Name of Applicant: _____

Registration Number: _____

The credit card information provided on this form will not be retained. Upon authorization of all payment request(s) credit card information will be destroyed.

✓ Please indicate which fees you wish to pay for:

FEES	TOTAL	
Fees charged at start of application		
Processing Fee (Initial, Reinstatement, Temporary, Courtesy)	\$65.63	
Change Category Fee (Associate to RN or RN to NP)	\$52.50	
Fees charged at completion of application		
Registered Nurse Active Practicing Fee (Initial and Reinstatement)	\$943.32	
Nurse Practitioner Active Practicing Fee (Initial, Reinstatement)	\$1,079.30	
Associate Non-Practicing Membership Fee	\$65.63	
Change Category License Fees		
RN to NP Fee	\$135.98	
Associate to RN Fee	\$943.32	
Interim Licenses		
Temporary Certificate	\$193.20	
Renewal of Temporary Certificate	\$26.25	
Courtesy License	\$276.42	
Expedited Fee for RN	\$1074.57	
Expedited Fee for NP	\$1210.55	
Verifications		
Member Verification Fee	\$39.38	
Non-Member Verification Fee	\$65.63	

All fees include 5% GST. Processing Fee charged at start of application.

Payment Options:

- VISA or MasterCard
- Interact (at the RNANT/NU office)
- **Personal cheques and Virtual Interact/Credit Cards are not accepted**

Name on Credit Card

Phone Number of Cardholder

Credit Card Number:

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Expiry Date: _____ / _____

Month

Year