



2017 ANNUAL REGISTRATION FORM
Jan 1, 2017 to Dec 31, 2017

IDENTIFICATION

Full legal name: (Last Name, First Name, Middle Name)		Maiden or Previous Name:
Commonly used name: (for mailing purposes)		
Mailing Address: (City/Town, Province/Territory, Postal Code)		
Email: (for contact, notification of renewals, newsletter, and surveys)		
Phone Numbers:		
Work: ()	Home: ()	
Date of Birth: (YYYY/MM/DD)	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	RNANT/NU Registration #:

STATUS AND FEES

<input type="checkbox"/> Registered Nurse (RN)	\$922.69 = \$789.80 (Base) + \$54.95 (CNA) + \$34.00 (CNPS) + \$43.94 (GST)
<input type="checkbox"/> Nurse Practitioner (NP)	\$1,034.51 = \$789.80 (Base) + \$55.00 (NP Fee) + \$54.95 (CNA) + \$85.50 (CNPS) + \$49.26 (GST)
<input type="checkbox"/> Associate Non-Practicing	\$65.63 = \$62.50 (Fee) + \$3.13 (GST)

CURRENTLY LICENCED TO PRACTICE IN THE FOLLOWING JURISDICTIONS

INITIAL NURSING EDUCATION (check one only)

<input type="checkbox"/> Diploma in Nursing	Province/Territory _____	School Name _____	Year Graduated _____
<input type="checkbox"/> Bachelor's Degree in Nursing	Province/Territory _____	School Name _____	Year Graduated _____
<input type="checkbox"/> Master's Degree in Nursing	Province/Territory _____	School Name _____	Year Graduated _____

ADDITIONAL NURSING EDUCATION (Yearly History)

<input type="checkbox"/> Post Basic Nursing Non-Degree course/program (min. 300 hours) Please Specify: _____	Date _____		
<input type="checkbox"/> CNA Certification Please Specify: _____	Date _____		
<input type="checkbox"/> RN Refresher Program Please Specify: _____	Date _____		
<input type="checkbox"/> Bachelor's Degree in Nursing	Province/Territory _____	School Name _____	Year Graduated _____
<input type="checkbox"/> Master's Degree in Nursing	Province/Territory _____	School Name _____	Year Graduated _____
<input type="checkbox"/> Doctorate in Nursing	Province/Territory _____	School Name _____	Year Graduated _____

NON-NURSING EDUCATION

Please specify:

CONTINUING COMPETENCE

Demonstration of Continuing Competence is a **mandatory** requirement for registration as an RN or NP with the RNANT/NU. You are expected to complete a Continuing Competence Learning Plan (with a minimum of two learning goals) for each year you are registered. You may be audited and required to submit your Learning Plan to the RNANT/NU office. For more information, see our website at: www.rnantnu.ca

I have completed my Continuing Competence Learning Plan (CCP) for 2016 in any Canadian Jurisdiction

2016 EMPLOYMENT HISTORY

Number of hours worked Jan 1, 2016 - Dec 31, 2016	Hours worked as a Registered Nurse	Hours worked as a Nurse Practitioner	(** FT Hours = 1950 hours)
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NT/NU EMPLOYMENT STATUS

Employment in Nursing

- Employed in nursing full-time
- Employed in nursing part-time
- Employed in nursing on casual basis

Multiple Employment

- Employed by more than one employer
- Not employed by more than one employer

Not Employed

- Seeking employment in nursing
- Not seeking employment in nursing

Primary NT/NU Employer/Agency:

(for current or anticipated NT/NU Employer)

Name of Institute/Agency

Mailing Address

City/Town

Province/Territory

Postal Code

Phone

Fax

CHOOSE ONLY ONE FROM EACH CATEGORY FOR EACH CURRENT EMPLOYER IN THE NT OR NU

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	21	Nursing Service
3	Nursing Station (outpost or clinic)		3	Manager/Assistant Manager/Supervisor		2	Psychiatry/mental	22	Nursing Education
4	Rehabilitation/Convalescent Centre		6	Staff Nurse/Community Health Nurse		3	Pediatrics	29	Other Admin - Specify in Notes
5	Nursing Home/Long Term Care		8	Instructor/Professor/Educator		4	Maternity/Newborn	Education	
6	Home Care Agency		9	Researcher		5	Geriatrics/long-term	31	Teaching Students
8	Business/Industry/Occupational Health Office		10	Consultant		6	Critical Care	32	Teaching Employees
9	Private Nursing Agency/Private Duty		11	Other - Specify in Notes		7	Community Health (CHN)	33	Teaching patients/clients
10	Self Employed		14	Clinical Nurse Specialist		8	Ambulatory Care	39	Other Education - Specify in Notes
11	Physician's Office/Family Practice Unit		15	Nurse Midwife		9	Home Care	Research	
12	Education Institution		16	Nurse Practitioner		10	Occupational Health	41	Nursing Research Only
13	Association/Government		Notes:			11	Operating Room/ Recovery Room	49	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					
Notes:			18	Telehealth					
			19	Other Direct Care - Specify in Notes					

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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 questions 2-6, please attach documentation (e.g., letter of explanation, pardon) or indicate if documentation was previously submitted. If "yes" for Q3, Q4 or Q5 indicate for which jurisdiction and if "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.

SIGNATURE

As a member of the RNANT/NU, you automatically become a member of the **Canadian Nurses Association (CNA)**. So you receive your CNA member benefits such as *Canadian Nurse*, CNA receives your name, address, and registration number. As well, CNA requires your consent to send you electronic communications, like "CNA Now".

- 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.

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

As stated in its privacy policy, in addition to its regulatory purpose, the RNANT/NU collects your information for the purpose of providing you access to professional liability protection. As a member of the RNANT/NU, you are eligible for 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 so that it may ascertain that you are eligible for its services and provide you with services.

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

Your consent is required to permit the RNANT/NU to send up-to-date information via email. To receive these communications from the RNANT/NU, please check the following box:

- I consent to receive electronic communications from the **RNANT/NU** including information about services, promotions, or reports on RNANT/NU activities.

You can withdraw your consent to receive electronic communications at any time by contacting the RNANT/NU at RNANT/NU, P.O Box 2757, Yellowknife, NT, X1A 2R1, or memberresponse@rnantnu.ca

- 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