



## NP INITIAL APPLICATION FORM

Please Print Clearly

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Name (Underline Common Name) Previous Name(s)

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Certificate of registration to be mailed to:

Address: \_\_\_\_\_  
Number Street City/Town Province/Territory Postal Code

### INITIAL NURSING EDUCATION

Diploma in Nursing  Baccalaureate in Nursing  Master in Nursing

School of Nursing: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Location: \_\_\_\_\_  
City/Town Province/Territory/State Country

### INITIAL NURSE PRACTITIONER EDUCATION

Nurse Practitioner Post – RN Diploma  Nurse Practitioner Post – MN Diploma  Masters – Nurse Practitioner

Nurse Practitioner Education Program: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Location: \_\_\_\_\_  
City/Town Province/Territory/State Country

Successful challenge of the NP registration criteria: (Province/Territory/State) \_\_\_\_\_ Year \_\_\_\_\_

### EXAMINATION INFORMATION

Location and date of Entry to Practice Registered Nurse Exam: (Province/Territory/State) \_\_\_\_\_ Year \_\_\_\_\_

\*\*Was the examination in English?  Yes  No

Location and date of Canadian Nurse Practitioner Exam: (Province/Territory) \_\_\_\_\_ Year \_\_\_\_\_

Have you written any other Nurse Practitioner Registration Exam in Canada?  Yes  No

If yes, please specify name of exam: \_\_\_\_\_ Location and date of exam: \_\_\_\_\_

**VERIFICATION OF REGISTRATION**

Original Canadian jurisdiction (province/territory): \_\_\_\_\_  
*(Location you completed your Canadian Nursing Exam)*

Current jurisdiction(s) (province/territory/international): \_\_\_\_\_  
*(Location you are currently registered)*

**ELIGIBILITY QUESTIONS**

- 1. Are you fluent in English?  Yes  No
- 2. 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?  Yes  No
- 3. Is your registration currently or has it ever had conditions attached, been suspended, revoked or under investigation in any jurisdiction?  Yes  No
- 4. Have you ever been denied registration?  Yes  No
- 5. Are you currently completing or have you ever had to complete undertakings as part of a professional conduct review with any professional regulatory body?  Yes  No
- 6. Have you ever been found guilty of a criminal offence or do you have any outstanding charges?  Yes  No

**If you have answered "yes" to any of questions 2-6, please attach a written explanation.**

**RN/NP PRACTICE EXPERIENCE**

List all employment in **chronological** order in the past five years beginning with the current year. (Continues on next page, use additional paper if needed).

1.	_____ Position Held	_____ Hrs. worked per year	From _____	To _____	Dates Employed
	_____ Employer	_____ Mailing Address			
	_____ Town/City	_____ Province/Territory	_____ Country		
2.	_____ Position Held	_____ Hrs. worked per year	From _____	To _____	Dates Employed
	_____ Employer	_____ Mailing Address			
	_____ Town/City	_____ Province/Territory	_____ Country		

3.	_____ Position Held	_____ Hrs. worked per year	From _____ To _____ Dates Employed
	_____ Employer	_____ Mailing Address	
	_____ Town/City	_____ Province/Territory	_____ Country

  

4.	_____ Position Held	_____ Hrs. worked per year	From _____ To _____ Dates Employed
	_____ Employer	_____ Mailing Address	
	_____ Town/City	_____ Province/Territory	_____ Country

  

5.	_____ Position Held	_____ Hrs. worked per year	From _____ To _____ Dates Employed
	_____ Employer	_____ Mailing Address	
	_____ Town/City	_____ Province/Territory	_____ Country

Date of anticipated nursing employment in the NT or NU: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date