**VERIFICATION FOR REGULATORY JURISDICTION**

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| --- |
| **INSTRUCTIONS:** Applicants must complete Part A of this form and forward a copy to the regulatory body in which you have been registered/licensed. |

**Part A: Please Print**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Middle Name (Underline Common Name) Previous Name(s)

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

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street City/Town Province/Territory Postal Code

 Date of Birth (YYYY/MM/DD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RNANT/NU Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **INITIAL NURSING EDUCATION**

|  |  |
| --- | --- |
| School where you completed our basic program: |  |
| Date of Graduation (MM/YY):  |  | Initial Nurse Registration Date (/MM/YYYY) |  |
| Signature:  |  | Date:  |  |

**Part B: (*For Regulatory Body only*)**

Complete Part B of this form and submit it to the RNANT/NU office by email, fax or mail.

|  |  |
| --- | --- |
| Name of regulatory body: |  |
| Name of Registrant: |  | Registration Number: |  |
| Type of Registration Granted (Designation): |  |
| Initial Registration Date (DD/MM/YYYY): |  | Expiry Date (DD/MM/YYY): |  |
| Registered by (Check one):  | □ Examination | □ Endorsement |  |
| Has this person’s registration/license ever been denied, revoked, suspended or under review? | □ Yes □ No |
| Examination Written:  |  | Number of Writings:  |  |
| Date Exam Passed (DD/MM/YYYY): |  | Passing Score: |  |
|  |  |  |  |
| Name of Registrar/Individual completing form: |  | Title: |  |
| Signature: |  | Date: |  |

Seal