**VERIFICATION FOR REGULATORY JURISDICTION**

|  |
| --- |
| **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