



## 2011 APPLICATION FOR REGISTRATION AND PRACTICE PERMIT Oct. 1, 2010 – Sept. 30, 2011

Full legal name

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Home address

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City/Town

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Province

Postal Code

E-mail

( )

( )

Home Tel.

Cell

### 1. Please indicate the status you are requesting for the 2011 practice year (Oct. 1, 2010 - Sept. 30, 2011)

#### Regulated (Practicing) member

- Registered Nurse \$504.00
- Nurse Practitioner \$530.25
- Certified Graduate Nurse \$451.50

#### Non-Regulated (Non-practicing) member

- Former member
- Associate \$42.00
- Retired \$42.00

### 2. Nursing Practice Hours

A summary of your practice hours for the past five years is available on MyCARNA at [www.nurses.ab.ca](http://www.nurses.ab.ca)

Record 2010 practice hours (Oct. 1, 2009 to Sept. 30, 2010)

	GN hours	RN/CGN hours	NP hours			*Nursing Education hours (post RN)	*Volunteer hours	Total Hours
			Family	Adult	Child			
Alberta								
Other jurisdiction (specify):								
Other jurisdiction (specify):								

*\* Please see the online renewal guide at [www.nurses.ab.ca/renewal](http://www.nurses.ab.ca/renewal) before entering hours in these sections.*

### 3. Employment Status as of Oct. 1, 2010

#### Employed in nursing

- on a regular basis, full-time
- on a regular basis, part-time
- on a casual basis

#### Not employed

- on leave (incl. maternity)
- seeking employment
- not seeking employment

#### Employed outside nursing

- seeking nursing employment
- not seeking nursing employment

#### 4. Nursing Employment

Under legislation, practicing members must keep their employment information current. You can update information throughout the year online on MyCARNA.

##### Name of facility/site:

Work setting	Area of responsibility		Position title
1. <input type="checkbox"/> Hospital	1. <input type="checkbox"/> General medical	21. <input type="checkbox"/> Orthopedic	1. <input type="checkbox"/> Staff/Community Health Nurse
2. <input type="checkbox"/> Public Health	2. <input type="checkbox"/> General surgical	22. <input type="checkbox"/> Nursing Education administration	2. <input type="checkbox"/> Director/Assistant Director
3. <input type="checkbox"/> Community Health Agency	3. <input type="checkbox"/> Pediatrics	23. <input type="checkbox"/> Nursing Services administration	3. <input type="checkbox"/> Consultant
4. <input type="checkbox"/> Education Institution	4. <input type="checkbox"/> Maternal/Newborn	24. <input type="checkbox"/> Other administration (specify):	4. <input type="checkbox"/> Clinical Nurse Specialist
5. <input type="checkbox"/> Private Nursing Agency	5. <input type="checkbox"/> Psychiatric/Mental Health	25. <input type="checkbox"/> Teaching students	5. <input type="checkbox"/> Manager/Assistant Manager
6. <input type="checkbox"/> Rehabilitation Hospital	6. <input type="checkbox"/> Oncology	26. <input type="checkbox"/> Teaching employees	6. <input type="checkbox"/> Chief Nursing Officer/Chief Executive Officer
7. <input type="checkbox"/> Community Nursing Clinic	7. <input type="checkbox"/> Rehabilitation	27. <input type="checkbox"/> Teaching patients/clients	7. <input type="checkbox"/> Instructor/Professor/Educator
8. <input type="checkbox"/> Physician/ Dentist/ Family Practice Unit	8. <input type="checkbox"/> Home Care	28. <input type="checkbox"/> Other education (specify):	8. <input type="checkbox"/> Researcher (Principal or Co-Principal Investigator, Project Director, Clinical Research Nurse)
9. <input type="checkbox"/> Mental Health Centre	9. <input type="checkbox"/> Emergency/Prehospital	29. <input type="checkbox"/> Clinical Nursing research	9. <input type="checkbox"/> Nurse Practitioner
10. <input type="checkbox"/> Nursing Home/ Long- term Care	10. <input type="checkbox"/> Community Health	30. <input type="checkbox"/> Other research (specify):	<input type="checkbox"/> Family
11. <input type="checkbox"/> Home Care Agency	11. <input type="checkbox"/> Operating Room	31. <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Adult
12. <input type="checkbox"/> Business/ Industry/ Occupational Health	12. <input type="checkbox"/> Perianesthesia		<input type="checkbox"/> Child
13. <input type="checkbox"/> Association/ Govt/ Regional Office	13. <input type="checkbox"/> Public Health		10. <input type="checkbox"/> Other (specify):
14. <input type="checkbox"/> Other (specify):	14. <input type="checkbox"/> Geriatric/Long-term Care		
	15. <input type="checkbox"/> Ambulatory Care		
	16. <input type="checkbox"/> Critical/Intensive Care		
	17. <input type="checkbox"/> Telehealth		
	18. <input type="checkbox"/> Occupational Health		
	19. <input type="checkbox"/> Cardiovascular		
	20. <input type="checkbox"/> Several clinical areas		

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*If you are providing nursing services at more than two facilities, please contact CARNA.*

**5. Continuing Competence: Reporting on the completed 2010 practice year**

**MANDATORY** if you held a RN, NP or CGN practice permit at ANY TIME between Oct. 1, 2009 and Sept. 30, 2010  
**A conditional practice permit will be issued if the required information is not provided.**

Indicator _____ If you changed your indicator during the year, which indicator did you change to? _____		
<b>Learning plan implemented?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, check reason: <input type="checkbox"/> Chose too many indicators <input type="checkbox"/> Did not work in Alberta <input type="checkbox"/> Other:	<b>Learning objective met?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No  If no, check reason: <input type="checkbox"/> Did not work in Alberta <input type="checkbox"/> Other:	<b>Learning influenced your practice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, how: <input type="checkbox"/> Increased knowledge/skill/competence <input type="checkbox"/> Enhanced critical thinking/decision-making <input type="checkbox"/> Increased confidence <input type="checkbox"/> Enhanced accountability <input type="checkbox"/> Improved communication skills <input type="checkbox"/> Developed program/product/process <input type="checkbox"/> Other:
Indicator _____ If you changed your indicator during the year, which indicator did you change to? _____		
<b>Learning plan implemented?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, check reason: <input type="checkbox"/> Chose too many indicators <input type="checkbox"/> Did not work in Alberta <input type="checkbox"/> Other:	<b>Learning objective met?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No  If no, check reason: <input type="checkbox"/> Did not work in Alberta <input type="checkbox"/> Other:	<b>Learning influenced your practice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, how: <input type="checkbox"/> Increased knowledge/skill/competence <input type="checkbox"/> Enhanced critical thinking/decision-making <input type="checkbox"/> Increased confidence <input type="checkbox"/> Enhanced accountability <input type="checkbox"/> Improved communication skills <input type="checkbox"/> Developed program/product/process <input type="checkbox"/> Other:
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**6. Identify Indicators for the 2011 practice year**

**MANDATORY** if you are applying for RN, NP or CGN status ANY TIME between Oct. 1, 2010 and Sept. 30, 2011  
**A conditional practice permit will be issued if the required information is not provided.**

**RNs, NPs and CGNs must**

- Complete a written assessment of your practice using the CARNA Nursing Practice Standards (NPs also use CARNA Nurse Practitioner Competencies).
- Collect feedback about your practice.
- Prioritize indicator(s) for your professional development and record your indicators in the boxes below. RNs and CGNs enter minimum one (1) indicator. NPs enter minimum two (2) indicators, one of which must be a NP Competency indicator.

I have assessed my nursing practice, collected feedback, and initiated the development of a learning plan(s) for the following indicator(s):			
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- Throughout the practice year, develop and implement your learning plan for the indicator(s) you selected.  
*You do not need to submit your documents to CARNA unless requested. Keep your records for five years.*

7. If you are 50 years of age or older, what is your planned year of retirement? \_\_\_\_\_

**8. Consent to release personal information to approved third parties**

As a member of CARNA, you automatically become a member of the Canadian Nurses Association (CNA) and your name and home address are provided to CNA. CARNA also receives requests from third parties for access to members' personal information. Please indicate below whether you consent to the release, by CARNA, of your name, e-mail address, home address and home phone number to approved third parties for the following purposes:

- to participate in research relevant to nurses  Yes  No
- to receive information on professional and career opportunities  Yes  No
- to receive communication regarding membership benefits  Yes  No

*You may remove your consent by notifying CARNA or by updating your profile on MyCARNA.*

**9. Applicant Declaration**

Please refer to the online renewal guide for important information on this section of your application. **Practicing members** must answer all questions. **Non-practicing members** are only required to answer questions 1 and 2.

1. Are you currently the subject of an investigation, discipline hearing, or proceeding of any kind which could result in the encumbrance of your registration or license by a regulatory/licensing authority for nursing or any other occupation/profession in any province, territory, state or country outside CARNA?  No  Yes\*
2. Since you submitted your last application for registration or a practice permit with CARNA, have you:
  - a. pleaded guilty or been found guilty of a criminal offence for which you have not been pardoned?  No  Yes\*
  - b. been denied registration or licensure by any regulatory body or jurisdiction outside CARNA?  No  Yes\*
  - c. had your registration or license revoked, suspended, or encumbered in any way by any regulatory body or jurisdiction outside CARNA?  No  Yes\*
3. Are you affected by a physical or mental condition or disorder that impairs your ability to practice nursing competently and safely?  No  Yes\*
4. Are you affected by an addiction to alcohol, drugs or other chemicals that impairs your ability to practice nursing competently and safely?  No  Yes\*
5. Have you ever contracted a blood borne virus infection, specifically hepatitis B virus infection, hepatitis C virus infection and/or human immunodeficiency virus (HIV) infection?  No  Yes\*

**\*If you responded "yes" to any of the above, please refer to the online renewal guide for more information.**

**10. Registration Deadline: Sept. 1, 2010**

- Forms received after Sept. 1 will be charged a \$50 late fee. If your form and payment are not received at the CARNA office by Sept. 30, your registration will be suspended, and you will not be able to practice until registration is complete.
- Forms must be returned by mail or courier. **Do not fax this form.** CARNA is not responsible for any disruption in the delivery system chosen for return of this form.

- Cheque (Cheque # \_\_\_\_\_)
  - Direct debit (in person at the CARNA office)
  - VISA  MasterCard
  - American Express
- Please make cheque or money order payable to CARNA, and record your permit number on your cheque. If paying by post-dated cheque, your cheque must be dated no later than Sept. 1, 2010. A \$35 NSF charge will be levied for any cheque returned because of insufficient funds.
  - Credit card payments cannot be post-dated.
  - Registration fees are non-refundable. All fees include GST (Reg #R106692643)

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Name on card \_\_\_\_\_ Card number \_\_\_\_\_ Expiry date: Month/Year \_\_\_\_\_

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Signature \_\_\_\_\_ Phone number \_\_\_\_\_

**11. Verification**

By signing this form, I certify that the information I have provided on this form is true and acknowledge that my registration may be refused, suspended or cancelled if I have provided any inaccurate information. I am hereby authorizing and consenting to the collection, use and disclosure of personal information concerning myself as described in the CARNA privacy policy.

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Signature \_\_\_\_\_ Date \_\_\_\_\_