

Applicants Educated and Registered
Outside of Canada

Application for Assessment of Eligibility for Registration
For Internationally Educated Registered Nurse (IEN) Applicants
Not registered in another Canadian Jurisdiction

Dear Applicant:

Thank you for your inquiry about nurse registration in Alberta. I am pleased to provide the information and an application package to assist you in beginning the process of eligibility assessment. This package is meant for applicants who are *not registered in another Canadian jurisdiction*. If this is not the information you require, please contact the CARNA office.

Please refer to the Application Requirements and Instructions to guide you through the application and to ensure you arrange for the other required documents, such as educational transcripts and verification of nurse registration, to be forwarded to CARNA. Before mailing your *Application for Assessment of Eligibility for Registration*, check to ensure that your application form is fully completed and signed, that you have enclosed all documents that must accompany your application form and you have included your payment. An incomplete application will not be processed.

Your application and your eligibility for registration with CARNA will be reviewed when all required documents have been received. CARNA looks forward to ongoing communication with you regarding the assessment of your application.

Regards,



Cathy Giblin, RN MS
Registrar/Director, Registration Services

Application for Assessment of Eligibility for Registration (2010) Internationally Educated Registered Nurses (IEN)

Are you applying to the appropriate regulatory body?

In order to practice as and call yourself a Registered Nurse (RN) in Alberta, you must be registered with the College and Association of Registered Nurses of Alberta (CARNA) and hold a CARNA practice permit.

CARNA requirements for registration are based on entry to practice competencies attained through a generalist registered nursing education program which leads to eligibility to practice as a registered nurse across the continuum of care, in a variety of settings, with people of all ages.

If one of the following is your education and/or title and you were NOT ALSO educated and registered as a general registered nurse, you need to check whether you should be applying to the corresponding regulatory body in Alberta:

- Licensed Practical Nurse or Enrolled Nurse:
 - College of Licensed Practical Nurses of Alberta <http://www.clpna.com/>
- Registered Psychiatric Nurse or Registered Mental Health Nurse:
 - College of Registered Psychiatric Nurses of Alberta <http://www.crpna.ab.ca/>
- Registered Midwife:
 - Alberta Association of Midwives <http://www.alberta-midwives.com/index.php>

1. To be eligible to apply for registration with the College and Association of Registered Nurses of Alberta (CARNA), you must first have held **registered nurse status in the country where you completed your initial registered nursing education program.**
2. **If English is not your first language, do not submit your application for assessment until you have achieved the scores required by CARNA on one of the English language tests accepted by CARNA.**
3. CARNA will notify you when your application has been received and you will be given the required login ID and password information to check your information and the status of your application online at www.nurses.ab.ca. CARNA will not provide information about the status of applications over the phone.
4. According to CARNA policy, **applications for assessment of eligibility and/or registration are considered lapsed if there is no evidence of progress toward meeting application and/or eligibility requirements for two (2) years**, including acting on eligibility to write the CRNE and/or applying for a temporary practice permit. To reactivate a lapsed file, an applicant will be required to submit a new application and fee and updated documentation. File documents will be securely destroyed four (4) years after the date they are considered lapsed (six (6) years of inactivity).

Application for Assessment of Eligibility for Registration (2010) Internationally Educated Nurse (IEN) Requirements and Instructions

In order to legally practice nursing in Alberta, you are required to be registered and have obtained a practice permit with the College and Association of Registered Nurses of Alberta (CARNA). You are required to have a practice permit prior to commencing orientation with an employer. You may not designate yourself as a Registered Nurse or use the initials RN after your name in Alberta before you have completed all the requirements for registration in Alberta and hold Registered Nurse status.

- The application form must be completed and signed by you as the applicant. You may not have another individual complete the form on your behalf. **Print neatly and legibly in ink.**
- Required documents must come to CARNA **in the language in which the document is prepared by the issuing authority.** Do not translate or arrange for translation of a document into English. CARNA will correspond with you if documents require translation and how this is to be arranged. There will be a cost for translation of documents.

A. Personal Information and Identity Documents

It is extremely important for you to provide accurate and consistent personal information. Any discrepancies, particularly in the spelling of your name(s) and your date of birth, will delay the review of your application. If the documentation you are providing does not display your name(s) and date of birth consistently, we advise you to have the documents re-issued correctly before submitting them to CARNA.

1. Complete this section fully.
2. Write your **complete legal** name and **all** former names by which you have been known.
3. Your current home address is required in addition to your mailing address (if different from home address).
4. CARNA requires a photocopy of your birth certificate and another piece of government-issued **picture** identification, (i.e. a photocopy of your passport picture page) and a copy of your marriage certificate (if applicable) to confirm your identity.
5. All photocopies must be clear and legible – this includes printed text as well as any photographs.
6. If your name has changed and/or if your name on **any** documents such as birth certificates, educational transcripts or registered nurse registrations is different from the name you currently use, you **must provide official documentation that explains the name difference. Your identity, such as spelling of your name(s) and date of birth, must appear consistently on all your documents.**

B. Language Declaration

1. Identify your first language.
2. If your first language is not English, you must demonstrate competence in the English language in speaking, reading, writing and listening by:
 - including with your application a **copy** of satisfactory test results from an English language test accepted by CARNA; the date the test was taken must not be more than six months prior to the date CARNA receives your application**and**
 - arranging for CARNA to receive the official English language test scores report **directly from the testing agency** within 6 weeks of the date CARNA receives your application.
3. If the Registrar has any questions about whether your first language is English because of any apparent inconsistency with other information on your file, the Registrar will require you to provide an explanation and specific supporting documentation.

English can only be considered your first language if:

- it is the language you learned at home in childhood
- or**
- it is the language which you identify as knowing best and being most comfortable with
- and**
- it is the language you primarily use for reading, writing, listening, and speaking

You will be responsible for arranging to submit the documentation requested by the Registrar and it must provide substantial evidence to support a finding that English can be considered your first language. If any of the supporting documentation is not considered satisfactory by the Registrar, you will be required to submit satisfactory scores on one of the English language tests accepted by CARNA.

4. Throughout the assessment and registration process, English language test results will be considered current by CARNA for two (2) years from the date the test was taken. If English language test results become outdated during the application and/or registration process, CARNA will require that you submit updated satisfactory English language test results.

C. Applicant Declaration

These questions are mandatory. If all questions are not answered your application will **not** be processed. If you answer “yes” to any of the questions, you will be contacted to provide further information.

Please note: **If CARNA determines that you are eligible for registration and a practice permit**, you will be asked the following question when you apply for a practice permit: *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?* The reporting of Blood Borne Virus Infection (BBVI) is a mandatory standard of practice for all **registered members** of CARNA. The intent is to minimize the risk of CARNA registered members transmitting a BBVI to individuals receiving care and to ensure that registrants who have acquired a BBVI receive standardized follow-up and guidance. Additional information regarding the reporting of BBVI and process to be followed is available on the CARNA website.

D. Practice Category

Note the type of nursing for which you have been educated and/or licensed to practice by placing a check mark in all boxes that apply. This will help CARNA to confirm that you are applying to the appropriate nursing regulatory body in Alberta.

E. & F. Initial Nursing Education and Additional Nursing Education

1. CARNA requires transcript evidence that you were educated and graduated from a registered nurse education program.
2. Enter your initial nursing education and **all** additional nursing education in this section on the form.
3. You must also complete the *Nursing Education Transcript and Hours Breakdown Request Form* to arrange for transcript documents to be sent to CARNA.
 - i. You must request a **nursing education transcript** from your **initial nursing education** program **as well as** a transcript from **each** school or university where you completed **any additional nursing education** (i.e. midwifery, obstetrics, psychiatric, mental health, pediatric, etc.)
 - ii. Complete the personal information, sign the consent section and forward the forms to the appropriate educational institution. Photocopy the form if you need additional copies.
 - iii. Request the Registrar's office of each school or institution to send the transcript **directly** to CARNA. **The envelope must clearly show that the transcript was mailed by the educational institution directly to the College & Association of Registered Nurses of Alberta.**
 - iv. The transcript or envelope cannot be handled by you or any third party such as a relative, friend, or recruiter. If there is any indication of this, CARNA will require you to request another transcript. **This requirement is extremely important and your assessment will not begin without appropriate documents.**

G. Nurse Registration Status and Verification of Nurse Registration

1. CARNA requires verification of your **original nurse registration in the jurisdiction where you obtained your nursing education**, and from **each jurisdiction (e.g. country, state, province, territory) where you have been registered and/or worked within the current year and the past five years.**
2. Complete the applicant section of the *Verification of Nurse Registration* form
 - i. Complete the personal information, sign the consent section and forward the forms to the appropriate jurisdiction(s). Photocopy the form if you need additional copies.
 - ii. Request the Registrar's office of each regulatory body to send the verification of registration **directly** to CARNA. **The envelope must clearly show that the verification of registration was mailed by the regulatory body directly to the College & Association of Registered Nurses of Alberta.**
 - iii. The verification of registration and/or the envelope cannot be handled by you or any third party such as a relative, friend, or recruiter. If there is any indication of this, CARNA will require you to request another verification. **This requirement is extremely important and your assessment will not begin without appropriate documents.**

H. Currency of Registered Nursing Practice

1. Currency of practice is one of the requirements for initial and ongoing registration with CARNA. In order to meet this requirement, you must have, within the five (5) previous membership years:
 - i. completed 1125 hours of registered nursing practice; or
 - ii. successfully completed a degree or a nursing program satisfactory to the Registrar; or
 - iii. successfully completed a nursing refresher program satisfactory to the CARNA Provincial Council.
2. Complete the chart by filling in your hours of nursing practice during the time periods specified in the chart. Hours must be broken down according to the CARNA year which is Oct. 1 to Sept. 30. You must report nursing practice hours from nursing employment anywhere in the world where you worked as a registered nurse during the last five years.
3. Do not include the following: vacation, leaves of absence, sick time, volunteer experience, student nurse hours or any additional training hours or courses you were required to complete in order to become registered in another country.
4. If you worked in more than one nursing jurisdiction during the same membership year, please include each Jurisdiction Name and Number of Hours Worked in the space provided for that year. Do not change the practice year dates in the table.
5. Failure to provide actual hours will delay the application process.

I. Documentation of Registered Nursing Experience/Practice

Starting from the date of your graduation from your initial nursing education program, document your nursing experience/practice with all employers including the number of hours worked and describing the nursing practice focus. Do not leave any sections blank or you will be required to resubmit this information. Do **not** send a resume. CARNA does **not** review resumes.

J. Applications to other Canadian Jurisdictions

1. List any other Canadian nursing jurisdictions (provinces or territories) to which you have applied. Note the date you applied and in the Outcome/Status column enter the status of that application if known.
2. You are requested to notify CARNA if you apply for and/or become registered with any other Canadian health care regulatory body during your application process to CARNA.

K. Nurse Registration Examinations

Complete the information for the examinations which you have applied for and/or written.

Note: CARNA **does not** accept the NCLEX-RN examination.

L. Payment Information

Complete the payment section carefully and ensure the information is correct. CARNA will not begin work on your application until your payment is processed and cleared. Assessment fees are non-refundable.

M. Signature and Declaration

Carefully read the declaration, then sign and date your application.

Application for Assessment of Eligibility for Registration (2010) Internationally Educated Nurse (IEN)

Please refer to the *Requirements and Instructions* document for direction when completing this form

A. Personal Information

Name _____
Given or First Name Middle or Second Name Last name before Marriage Last Name or Family Name

Current Home Address _____
Apartment and/or House Number and Street Address

_____ *City Province/State/Territory Country Postal Code*

Mailing Address (if different from home) _____
Apartment and/or House Number and Street Address

_____ *City Province/State/Territory Country Postal Code*

Phone (_____) (____) _____ (_____) (____) _____
Country/City Code Area Code Home Country/City Code Area Code Cell

Home email: _____ **Email will be the primary method of CARNA communication with you.**

Gender: Female Male Birthdate _____ / _____ / _____
Day Month Year

I have included a copy of: birth certificate picture identification marriage certificate (if applicable)

B. Language Declaration

My first language is: English French Other (specify) _____

If your first language is other than English:

- I have included a copy of my successful CELBAN or IELTS English language test result.
Note: This test result MUST be less than six months old (from the date the test was taken) on the date CARNA receives your application.

AND

- I have arranged for the testing agency to forward a copy of this English language test result to CARNA.
Note: CARNA must receive this document within six weeks of receiving your application.

C. Applicant Declaration

1. Have you previously applied for assessment of eligibility for registration with CARNA? No Yes
2. Have you ever:
 - a) been denied registration or licensure by a registration or licensing body in any province, territory or country? No Yes
 - b) had your registration or license revoked, suspended, restricted or subjected to individual terms or conditions by any regulatory body or jurisdiction? No Yes
3. Are you currently under investigation, or involved in any proceedings which could result in the encumbrance of your registration or license by any registration or licensing body? No Yes
4. Have you ever pleaded guilty or been found guilty of a criminal offence for which you have not been pardoned? No Yes
5. Are you affected by a physical or mental condition or disorder that impairs your ability to practice nursing competently and safely? No Yes
6. Are you affected by an addiction to alcohol, drugs or other chemicals that impairs your ability to practice nursing competently and safely? No Yes

If these questions are not answered your application will NOT be processed.

If you answer "yes" to any of the questions you will be contacted to provide further information.

Please note: If CARNA determines that you are eligible for registration and a practice permit, you will also be asked the following question when you apply for a practice permit:

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?

The reporting of Blood Borne Virus Infection (BBVI) is a mandatory standard of practice for all registered members of CARNA. The intent is to minimize the risk of CARNA registered members transmitting a BBVI to individuals receiving care and to ensure that registrants who have acquired a BBVI receive standardized follow-up and guidance. Additional information regarding the reporting of BBVI, the processes to be followed, and any implications for your nursing practice is available on the CARNA website. www.nurses.ab.ca

D. Practice Category

I have been educated and/or registered to practice as: Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> General nurse (all ages, all practice areas) | <input type="checkbox"/> Mental Health nurse or Psychiatric Nurse |
| <input type="checkbox"/> Pediatric nurse | <input type="checkbox"/> Enrolled nurse |
| <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Community nurse |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> Other: _____ |

Provide title

H. Currency of Registered Nursing Practice

- *Do not report hours that occurred prior to your initial registration date.*
- *If you worked in more than one nursing jurisdiction during the same membership year, please include each Jurisdiction Name and Number of Hours Worked in the space provided for that year. Do not change the practice year dates in the table.*
- If you do not have nursing practice hours for any year or immediate five years prior, please write **N/A** across the hours section. (N/A = Not Applicable)

Dates of Employment DO NOT CHANGE THE DATES BELOW	Nursing Jurisdiction Name <i>Province (State/Territory) Country</i>	Number of Hours Worked (provide actual hours)	Primary Language Spoken
Current Practice Year Oct 1, 2009 to Sept 30, 2010			
Oct 1, 2008 to Sept 30, 2009			
Oct 1, 2007 to Sept 30, 2008			
Oct 1, 2006 to Sept 30, 2007			
Oct 1, 2005 to Sept 30, 2006			
Oct 1, 2004 to Sept 30, 2005			

I. Documentation of Registered Nursing Experience/Practice

(More space provided on next page)

This section is to provide a description of your nursing work experience. Please enter the total hours of ALL nursing practice hours for each employer. **Include all employment after your initial registration after graduation from your nursing program.**

Start and End Dates: D/M/YR	Employer Name and Complete Address	Practice Focus (√)
Start Date	Name: _____	<input type="checkbox"/> medical-surgical <input type="checkbox"/> Admin* <input type="checkbox"/> obstetrics <input type="checkbox"/> Research* <input type="checkbox"/> pediatric <input type="checkbox"/> Educator* <input type="checkbox"/> mental health/psychiatry *provide details: <input type="checkbox"/> community <input type="checkbox"/> long term care <input type="checkbox"/> other (specify): _____
End Date	Address: _____ _____ _____	
Total Hours	_____ _____ _____	Job Title and Description of Unit

I. Documentation of Registered Nursing Experience/Practice

(Please copy this page if you require more space to list employers)

Start and End Dates: D/M/YR	Employer Name and Complete Address	Practice Focus (√)
Start Date	Name:	<input type="checkbox"/> medical-surgical <input type="checkbox"/> Admin* <input type="checkbox"/> obstetrics <input type="checkbox"/> Research* <input type="checkbox"/> pediatric <input type="checkbox"/> Educator* <input type="checkbox"/> mental health/psychiatry <input type="checkbox"/> community *provide details: <input type="checkbox"/> long term care <input type="checkbox"/> other (specify): _____
End Date	Address:	
Total Hours		Job Title and Description of Unit

Start and End Dates: D/M/YR	Employer Name and Complete Address	Practice Focus (√)
Start Date	Name:	<input type="checkbox"/> medical-surgical <input type="checkbox"/> Admin* <input type="checkbox"/> obstetrics <input type="checkbox"/> Research* <input type="checkbox"/> pediatric <input type="checkbox"/> Educator* <input type="checkbox"/> mental health/psychiatry <input type="checkbox"/> community *provide details: <input type="checkbox"/> long term care <input type="checkbox"/> other (specify): _____
End Date	Address:	
Total Hours		Job Title and Description of Unit

Start and End Dates: D/M/YR	Employer Name and Complete Address	Practice Focus (√)
Start Date	Name:	<input type="checkbox"/> medical-surgical <input type="checkbox"/> Admin* <input type="checkbox"/> obstetrics <input type="checkbox"/> Research* <input type="checkbox"/> pediatric <input type="checkbox"/> Educator* <input type="checkbox"/> mental health/psychiatry <input type="checkbox"/> community *provide details: <input type="checkbox"/> long term care <input type="checkbox"/> other (specify): _____
End Date	Address:	
Total Hours		Job Title and Description of Unit

J. Applications to Other Canadian Jurisdictions

List other Canadian nursing jurisdictions to which you have applied:

Jurisdiction (Province/Territory)	Date Applied (Day/Month/Year)	Outcome/Status if known

K. Nurse Registration Examinations

1. Have you applied to write any Nurse Registration Examination in Canada? Yes No

If yes, please list province(s) _____

2. Indicate in the table below whether or not you have written each of the exams written. Please indicate “yes” or “no” for each exam listed. If you answer yes, complete the information in the remainder of the row for that examination.

Examination Name	Have you written?	Regulatory Body that granted access to exam	Month and Year of each writing	Result(s) of each writing (Pass or Fail)	Language of Exam
Canadian Registered Nurse Examination (CRNE) (June 2000 to present)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
OIIQ Examination (Quebec) (January 2000 to present)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Nurse Registration/ Licensure Examination (Aug 1995 to Jan 2000) (Canada)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Comprehensive Nursing Assessment Test (CNAT) (Aug 1980 to June 1995) (Canada)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
CNAT 5 (five) part exam (Aug 1970 to June 1980) (Canada)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
NLN State Board Test Pool (1956 to 1982) (Canada or United States of America)	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Note: NCLEX-RN is not accepted

L. Payment Information

Please payment enclosed: Cheque Money Order Visa* MasterCard*

*Credit Card Authorization for Application Fee	
Cardholder Name _____	Card number _____ / _____ / _____ / _____
Cardholder Signature _____	Expiry Date _____ / _____ Month Year
<input type="checkbox"/> \$210.00 Application Fee	<input type="checkbox"/> \$105.00 Reassessment (file inactive for two (2) years or more)

Fees are paid in Canadian funds and are subject to change. **Assessment fees are non-refundable.**

All fees include 5% Goods & Services Tax (GST) / GST Reg #R10669264.

Cheques that cannot be cashed due to insufficient funds (NSF) will be levied an additional fee.

M. Signature Declaration

By signing this application form:

I authorize the collection, use and disclosure of personal information concerning myself as described in the College & Association of Registered Nurses of (CARNA) Privacy Policy. (available on www.nurses.ab.ca)

I authorize CARNA to carry out the procedures necessary for the assessment of my eligibility for registration. This includes making copies of my application documents for the purpose of assessment and/or contacting the institutions or authorities stated on this application to verify the authenticity of my documents and the information provided regarding the educational institutions, regulatory bodies, and employers listed in my application.

I declare that all of the information I have provided on this form is complete and truthful.

I understand that CARNA will immediately stop the assessment of my application and that my application for assessment will be cancelled and registration will be refused if I have provided any inaccurate information or have omitted required information or if CARNA determines that any documents submitted during the application or assessment process have been altered, tampered with or forged. This applies to all documents received during the application process, including educational transcripts and verifications of registration. CARNA will not issue a refund and will retain all documents submitted with my application.

I understand that in order to practice nursing in Alberta, I am required by law to be registered and hold a current practice permit with CARNA, before I commence employment.

I understand that applications for assessment of eligibility and/or registration are considered lapsed if there is no evidence of progress toward meeting application and/or eligibility requirements for two (2) years, including acting on eligibility to write the CRNE and/or applying for a temporary practice permit. Should my file lapse, I understand I will be required to submit a new application and fee and updated documentation, and that my file documents will be securely destroyed four (4) years after the date they are considered lapsed (six (6) years of inactivity).

I have read and understand the above and the information on this form and agree to the terms stated herein.

Signature of Applicant

Date



**Nursing Education Transcript and
Hours Breakdown Request Form**

PART 1 - Applicant

Complete Part A and send it to the school of nursing where you took your **initial** nursing program as well as to **each** school or university where you completed any additional nursing education (i.e. midwifery, obstetrics, psychiatric, mental health, pediatric, etc.).

Name _____
Given or First Name Middle or Second Name Last name before Marriage Last Name or Family Name

Previous name(s) if applicable _____

Address _____

Date of Birth _____
Day Month Year

Graduation Date _____
Day Month Year

School of Nursing _____
Print full name of School (do not abbreviate)

School of Nursing Address _____
City Province/State Country

I hereby give consent for you to provide an original transcript of my nursing education directly to the College and Association of Registered Nurses of Alberta (CARNA).

Signature of Applicant

Date

Part 2 – School of Nursing

TO BE COMPLETED BY SCHOOL OFFICIAL ONLY

Complete Part 2 of this form and mail it with an official transcript directly to the College and Association of Registered Nurses of Alberta (CARNA). **The envelope must clearly show that the transcript was mailed directly from the educational institution to CARNA, and that the document was not handled by the applicant.** Transcript must show the degree or diploma awarded, the signature of an authorized official, and the official seal of the School of Nursing.

Date of Admission _____ Graduation Date _____ Language of instruction _____
Day Month Year Day Month Year

If the official transcript **does not** clearly provide a breakdown of actual hours, including specialty areas in medical/surgical nursing, the following summary of hours must be provided:

Clinical Areas	Theory Hours	Clinical Hours
Medical/Surgical Nursing (including specialty areas)		
Obstetrical Nursing		
Pediatric Nursing		
Psychiatric Nursing/Mental Health		
Community		
Gerontology		

**Place official
Seal or
Stamp here**

*Print name and title of official
authorized to provide transcript*

Signature

Date

*Print name and title of official
authorized to provide hours breakdown*

Signature

Date



IEN Verification of Nurse Registration
Request Form

Applicant Instructions

You must request a verification of your registered nurse status of **both**:

- Your **original nurse registration in the jurisdiction where you obtained your nursing education, and from each jurisdiction (e.g. state, province, territory) where you have been registered and/or worked within the current year and the past five years.**
- Complete the personal information, sign the consent section and forward the forms to the appropriate jurisdiction(s). Please photocopy the form if you need additional copies.
- Please contact the College and Association of Registered Nurses of Alberta (CARNA) if you are uncertain of the documents required to be submitted for verification of registration or authorization to work as a registered nurse.

Verification documents that do not come directly to CARNA from the nursing registration body or licensing authority will not be accepted by CARNA. This requirement is extremely important as your assessment cannot begin without appropriate verifications.

Name _____
Given or First Name Middle or Second Name Last name before Marriage Last Name or Family Name

Previous name(s) if applicable _____

Address _____
Apartment and/or House Number and Street Address

_____ *City Province/State/Territory Country Postal Code*

(_____) (_____) _____ (_____) (_____) _____
Country/City Code Home Phone Country/City Code Cell Phone

School of Nursing _____
Print Full Name of School (do not abbreviate)

School of Nursing Address _____
City Province/State/Territory Country

Graduation Date ____/____/____ Birthdate ____/____/____
Day Month Year Day Month Year

Registration Number _____ Initial Registration Date ____/____/____
 with *this* Jurisdiction with *this* Jurisdiction *Day Month Year*

Consent

I hereby give consent for completion of this *Verification of Nurse Registration* request form concerning my registered nurse status with _____ (name of nursing jurisdiction).

Signature of Applicant

Date

VERIFICATION OF NURSE REGISTRATION STATUS

TO BE COMPLETED BY NURSING JURISDICTION ONLY

- Verifications will be rejected if correction fluid or tape is used to cover errors.
- The envelope must clearly show that the verification was mailed from the licensing authority directly to the College and Association of Registered Nurses of Alberta.

This will certify that:

<i>Given or First Name</i>	<i>Middle or Second Name</i>	<i>Last name before Marriage</i>	<i>Last Name or Family Name</i>
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Birthdate _____ / _____ / _____ completed a nursing education program on _____ / _____ / _____
Day Month Year Day Month Year

from _____
School of Nursing

<i>City</i>	<i>Province/State/Territory</i>	<i>Country</i>
-------------	---------------------------------	----------------

and was registered to practice as a _____ Registration Number _____

Initial Registration Date _____ / _____ / _____ Current status is: Registered Inactive
Day Month Year

Permit/License Expiry Date _____ / _____ / _____ Registration was by: Examination Endorsement
Day Month Year

Name of examination written _____

Was the examination written in English? Yes No

Number of times examination written _____ Passing Score _____

Results achieved on examination:

Medical Nursing	Surgical Nursing	Obstetrical Nursing	Pediatric Nursing	Psychiatric Nursing	Comprehensive Exam	Criterion Referenced

Has this person's registration/license ever been, or is it currently revoked, suspended or under review?
 Yes* No *If "Yes" please attach documentation outlining action taken.

Place Official Seal or Stamp Here	Signature	Print Name	Title
	Email	Name of Licensing Authority	Date