

## REGISTERED NURSE REGISTRATION & PRACTICE PERMIT 2010 APPLICATION FORM

### **For Applicants who are currently registered as an RN or who have held RN registration in a Canadian jurisdiction outside Alberta**

Please read the following requirements for registration as an RN Alberta before completing your application form. If you have any questions, please contact CARNA Registration at 780.451.0043 or 1.800.252.9392.

Requirements for registration as an RN in Alberta include:

1. Currency of practice
  - 1125 hours of RN practice within the past five years or
  - successful completion of a degree or nursing program satisfactory to the Registrar or
  - successful completion of a nursing refresher program satisfactory to CARNA Provincial Council
2. Verification of registration with the Canadian jurisdiction in which you currently or most recently held registration, as well as each jurisdiction in which you have held registration in the past five years. A *Verification of Nurse Registration* form is included with this package. Please complete Part A and forward the form to each regulatory body. The verification must be sent to CARNA directly from the regulatory body.
3. Satisfactory employer reference from your current or most recent employer. An *Employer Reference* form is included with this package. The reference must be based on a minimum of 225 hours of employment, completed and signed by your immediate RN supervisor or manager, and sent to CARNA directly from your employer.
4. Identification: a photocopy of your birth certificate, one piece of photo identification and a copy of any name change documents (e.g. marriage certificate) if applicable. Your complete legal name and birth date must show on your identification and must be consistent on all identification provided.
5. Proof of fluency in English. If your first language\* is not English you are required to provide proof of fluency in speaking, writing and comprehension of the English language. A list of acceptable English fluency tests and the accepted achievement level for each is available on the CARNA website. Official English language test scores must be sent to CARNA directly from the testing service, and cannot be more than two years old.

\* 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
6. Meeting Continuing Competence Program (CCP) requirements. Information about the CCP is available on the CARNA website. Please ensure you review the information prior to completing your application to ensure you comply with the CCP requirements. **CCP requirements are mandatory for RN registration in Alberta.**

**Please note that on assessment of your application, you may be required to provide additional information or documentation, or you may be issued a conditional practice permit.**



**1. Identification**

\_\_\_\_\_  
Full legal name Previous/other names (i.e. maiden name)

\_\_\_\_\_  
Address (include apartment or suite number) City

\_\_\_\_\_  
Province/State/Territory Country Postal code

\_\_\_\_\_  
Home phone Cell phone Home e-mail

Birthdate \_\_\_\_\_  Female  Male  
day / month / year

**For office use only**

Received: \_\_\_\_\_

Stakeholder# \_\_\_\_\_

Approved \_\_\_\_\_

Permit# \_\_\_\_\_

Effective date: \_\_\_\_\_

**Please notify CARNA immediately of any changes to your contact information by updating your Member Profile on the CARNA website: [www.nurses.ab.ca](http://www.nurses.ab.ca)**

**2. Current Status**

Please indicate all jurisdictions in which you currently hold registration:

Province /State / Country	Registration Number	Effective Date	Expiry Date

**3. Applicant Declaration**

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?  No  Yes\*

Have you ever:

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?  No  Yes\*

c. had your registration or license revoked, suspended, or encumbered in any way by any regulatory body or jurisdiction?  No  Yes\*

Are you affected by a physical or mental condition or disorder that impairs your ability to practice nursing competently and safely?  No  Yes\*

Are you affected by an addiction to alcohol, drugs or other chemicals that impairs your ability to practice nursing competently and safely?  No  Yes\*

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 respond "yes" to any of the above, you will be contacted by CARNA to submit any additional required documentation.**

**3. Nursing Education**

Diploma  Degree

Name and Address of School	Course Name	Start Date and Completion Date

**4. Language Declaration**

My first language is:  English  French  Other (specify): \_\_\_\_\_

Please indicate any **other** languages in which you have complete fluency in reading, writing, speaking and comprehension such that you could provide safe, competent nursing in that language: \_\_\_\_\_

**5. Nursing Practice Hours**

	Employer <i>Name /Address/Province /State /Country</i>	Total Hours <i>(provide actual hours)</i>
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		

**6. Employment Status**

The 2010 membership year is Oct. 1, 2009 to Sept. 30, 2010. Please indicate your expected start date in Alberta (note: you must be registered with CARNA prior to practicing in Alberta): \_\_\_\_\_

**7. Nursing Employment**

Under legislation, practicing members must keep their employment information current. You can update information throughout the year online on your Member Profile. If you have additional employers to report, please attach a list .

I have no employer at this time  My employer information is reflected below

**Primary employment (name of facility/site):** \_\_\_\_\_

Full-time  Part-time  Casual

Work setting	Area of responsibility	Position title
<input type="checkbox"/> Hospital <input type="checkbox"/> Public Health <input type="checkbox"/> Community Health Agency <input type="checkbox"/> Education Institution <input type="checkbox"/> Private Nursing Agency <input type="checkbox"/> Rehabilitation Hospital <input type="checkbox"/> Community Nursing Clinic <input type="checkbox"/> Physician/ Dentist/ Family Practice Unit <input type="checkbox"/> Mental Health Centre <input type="checkbox"/> Nrsng Home/Long- term Care <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Business/ Industry/ Occupational Health <input type="checkbox"/> Association/ Govt/ Regional Office <input type="checkbox"/> Other (specify):	<input type="checkbox"/> General medical <input type="checkbox"/> General surgical <input type="checkbox"/> Pediatrics <input type="checkbox"/> Maternal/Newborn <input type="checkbox"/> Psychiatric/Mental Health <input type="checkbox"/> Oncology <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Home Care <input type="checkbox"/> Emergency/Prehospital <input type="checkbox"/> Community Health <input type="checkbox"/> Operating/Recovery Room <input type="checkbox"/> Perianesthesia <input type="checkbox"/> Public Health <input type="checkbox"/> Geriatric/Long-term Care <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> Critical/Intensive Care <input type="checkbox"/> Telehealth <input type="checkbox"/> Occupational Health	<input type="checkbox"/> Cardiovascular <input type="checkbox"/> Several clinical areas <input type="checkbox"/> Orthopedic <input type="checkbox"/> Nursing Education administration <input type="checkbox"/> Nursing Services administration <input type="checkbox"/> Other administration (specify):  <input type="checkbox"/> Teaching students <input type="checkbox"/> Teaching employees <input type="checkbox"/> Teaching patients/clients <input type="checkbox"/> Other education (specify):  <input type="checkbox"/> Clinical Nursing research <input type="checkbox"/> Other research (specify):  <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Staff/Comm. Health Nurse <input type="checkbox"/> Director/Assistant Director <input type="checkbox"/> Consultant <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Manager/Assistant Mgr. <input type="checkbox"/> Chief Nursing Officer/ Chief Executive Officer <input type="checkbox"/> Instructor/Professor/ Educator <input type="checkbox"/> Researcher (Principal or Co-Principal Investigator, Project Director, Clinical Research Nurse) <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):

Other employment (name of facility/site): \_\_\_\_\_

Full-time     Part-time     Casual

<i>Work setting</i>	<i>Area of responsibility</i>		<i>Position title</i>
<input type="checkbox"/> Hospital	<input type="checkbox"/> General medical	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Staff/Community Health Nurse
<input type="checkbox"/> Public Health	<input type="checkbox"/> General surgical	<input type="checkbox"/> Nursing Education administration	<input type="checkbox"/> Director/Assistant Director
<input type="checkbox"/> Community Health Agency	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Nursing Services administration	<input type="checkbox"/> Consultant
<input type="checkbox"/> Education Institution	<input type="checkbox"/> Maternal/Newborn	<input type="checkbox"/> Other administration (specify):	<input type="checkbox"/> Clinical Nurse Specialist
<input type="checkbox"/> Private Nursing Agency	<input type="checkbox"/> Psychiatric/Mental Health		<input type="checkbox"/> Manager/Assistant Manager
<input type="checkbox"/> Rehabilitation Hospital	<input type="checkbox"/> Oncology		<input type="checkbox"/> Chief Nursing Officer/Chief Executive Officer
<input type="checkbox"/> Community Nursing Clinic	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Teaching students	<input type="checkbox"/> Instructor/Professor/Educator
<input type="checkbox"/> Physician/ Dentist/ Family Practice Unit	<input type="checkbox"/> Home Care	<input type="checkbox"/> Teaching employees	<input type="checkbox"/> Researcher (Principal or Co-Principal Investigator, Project Director, Clinical Research Nurse)
<input type="checkbox"/> Mental Health Centre	<input type="checkbox"/> Emergency/Prehospital	<input type="checkbox"/> Teaching patients/clients	<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Nursing Home/ Long- term Care	<input type="checkbox"/> Community Health	<input type="checkbox"/> Other education (specify):	<input type="checkbox"/> Family
<input type="checkbox"/> Home Care Agency	<input type="checkbox"/> Operating/Recovery Room		<input type="checkbox"/> Adult
<input type="checkbox"/> Business/ Industry/ Occupational Health	<input type="checkbox"/> Perianesthesia	<input type="checkbox"/> Clinical Nursing research	<input type="checkbox"/> Child
<input type="checkbox"/> Association/ Govt/ Regional Office	<input type="checkbox"/> Public Health	<input type="checkbox"/> Other research (specify):	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Geriatric/Long-term Care		
	<input type="checkbox"/> Ambulatory Care	<input type="checkbox"/> Other (specify):	
	<input type="checkbox"/> Critical/Intensive Care		
	<input type="checkbox"/> Telehealth		
	<input type="checkbox"/> Occupational Health		
	<input type="checkbox"/> Cardiovascular		
	<input type="checkbox"/> Several clinical areas		

**8. Continuing Competence: Identify Indicators for the 2010 practice year**

**Please refer to the CARNA website and the instructions provided with this form for information.**

This section is **mandatory** for anyone applying for RN status **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.**

- Complete a written assessment of your practice using the CARNA Nursing Practice Standards.
- Collect feedback about your practice.
- Prioritize a **minimum of one** and maximum of three indicator(s) for your professional development and record your indicators in the boxes below.

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.*

**9. 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

**10. Fee Payment**

Please check the option that applies to your current status

	<i>Registering on or before April 30, 2010</i>	<i>Registering on or after May 1, 2010</i>
Registered for the 2010 membership year in another Canadian jurisdiction with membership in CNA*	\$468.52	\$312.60
Registered for the 2010 membership year in another Canadian jurisdiction without membership in CNA	\$525.00	\$369.08
Not currently holding registration in any Canadian jurisdiction	\$525.00	\$369.08

\* CNA membership fees are paid by regulatory bodies in all jurisdictions with the exception of OIIQ and CNO. Applicants from Ontario who are also members of RNAO pay CNA fees as part of their registration.

- Cheque (Cheque # \_\_\_\_\_) • Please make cheque or money order payable to CARNA.
- Direct debit (in person at the CARNA office) • A \$35 NSF charge will be levied for any cheque returned because of insufficient funds.
- VISA     Mastercard • Registration fees include a non-refundable \$52.50 assessment fee.
- All fees include GST (Reg #R106692643)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Card number* *Expiry date: Month/Year*

\_\_\_\_\_  
*Name on card*

\_\_\_\_\_  
*Signature*

**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 my personal information as described in the CARNA privacy policy.

**This form cannot be processed if not signed and dated.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**BEFORE SENDING YOUR FORM, PLEASE ENSURE THAT YOU HAVE:**

- Enclosed identification (birth certificate, one other piece of picture identification and a marriage certificate (if applicable) showing your complete legal name, other names and date of birth
- Completed all relevant sections of the application form, including Continuing Competence Program information
- Requested a verification of your nursing registration, to be sent directly to CARNA from all jurisdictions in which you have been registered in the past five years
- Forwarded the *Employer Reference* form to your current or most recent Canadian employer

If you have questions regarding this form or the application process, please contact Registration Services at 1-800-252-9392, or via e-mail at [carna@nurses.ab.ca](mailto:carna@nurses.ab.ca)



# Verification of Nurse Registration

11620 - 168 Street, Edmonton, Alberta T5M 4A6 Telephone (780) 451-0043  
Toll Free in Canada 1-800-252-9392 Website www.nurses.ab.ca e-mail carna@nurses.ab.ca

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## Applicant Instructions

Complete the personal information, sign the consent section and forward this form to the appropriate Regulatory/Licensing Authority.

Name \_\_\_\_\_  
*Last name* *Given name(s)* *Other name(s) if applicable*

Previous name(s) if applicable \_\_\_\_\_

Address \_\_\_\_\_  
*Apt* *Street* *City / State* *Country*

Postal Code \_\_\_\_\_ Phone Home ( ) \_\_\_\_\_

\_\_\_\_\_  
School of Nursing

\_\_\_\_\_  
City/Province/Country

Graduation Date \_\_\_\_\_  
*Day* *Month* *Year*

Registration Date \_\_\_\_\_  
*Day* *Month* *Year*

Registration Number \_\_\_\_\_

Birthdate \_\_\_\_\_  
*Day* *Month* *Year*

## Consent

I hereby give consent for completion of this verification form concerning my registration as a Registered Nurse.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

*Instructions for Regulatory/Licensing Authority are on reverse*

# Verification of Nurse Registration

## Regulatory/Licensing Authority Instructions

- Please provide the information below as requested by the applicant and return the completed form to:  
**College & Association of Registered Nurses of Alberta**  
**11620 – 168 Street, Edmonton, Alberta T5M 4A6**
- The envelope must clearly show that the verification was mailed from the Regulatory/Licensing Authority directly to CARNA.

This will certify that \_\_\_\_\_  
*Last name* *Given name(s)* *Other name(s) if applicable*

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ completed an approved nursing education program on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year Day Month Year

from \_\_\_\_\_  
School of Nursing

\_\_\_\_\_ City / Province / Country

and was registered to practice as \_\_\_\_\_ Registration Number \_\_\_\_\_

Initial Registration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year Day Month Year

Current status is:  Registered  Inactive Registration was by:  Examination  Endorsement

Is this person's registration/license currently revoked, suspended or under review?  Yes\*  No  
\*If Yes, please attach documentation outlining action taken.

Name of examination written: \_\_\_\_\_ Was the examination written in English  Yes  No  
 CNA Testing Services  
 NLN State Board Test Pool Number of times examination written \_\_\_\_\_  
 NCLEX-RN  
Other(specify) \_\_\_\_\_ Passing Score \_\_\_\_\_

**Place  
Official  
Seal or  
Stamp  
Here**

\_\_\_\_\_  
Signature Print Name  
\_\_\_\_\_  
Title Name of Regulatory/Licensing Authority  
\_\_\_\_\_  
Contact phone number Date



## Employer Reference

This reference must be based on a minimum of 225 hours of employment as a Graduate Nurse (GN) or Registered Nurse (RN) with one employer, within the past five years.

### Instructions for Applicant

- Complete the personal information below
  - Sign the consent section
  - Forward this form to your immediate RN supervisor, who will complete the second page and mail the form directly back to CARNA. Reference forms are not to be returned by the applicant.
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Full Legal Name \_\_\_\_\_  
*Last name* *Given name(s)* *Name Before Marriage (if applicable)*

Previous Names (if applicable): \_\_\_\_\_

Address \_\_\_\_\_  
*Apt* *Street* *City* *Province/State* *Postal Code*

Phone ( ) \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Day* *Month* *Year*

### Consent

I hereby give consent to my present or past employer to fully complete the employer portion of this form, concerning my competency to practice nursing, for the purpose of assessing my eligibility for registration and a practice permit in Alberta.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Employer instructions on reverse*

