



REGISTERED NURSE REGISTRATION & PRACTICE PERMIT 2010 APPLICATION FORM

For Graduates of Entry-level Nursing Education Programs in a Canadian jurisdiction outside Alberta

If you have completed your nursing education outside Alberta, and have not yet taken initial RN registration in your home jurisdiction, you may be eligible for temporary Graduate Nurse (GN) registration in Alberta. A temporary GN permit will allow you to practice nursing in Alberta while you complete requirements for registration as a Registered Nurse (RN).

Please read the following requirements for temporary registration 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 a GN in Alberta include:

1. Successful completion of an approved entry-level nursing education program within the past five years.
2. Verification of nursing program completion from the Canadian province or territory in which you completed your entry-level nursing program. If you currently hold temporary registration with your home jurisdiction, the verification will confirm this as well. A *Verification of Nurse Registration* form is included with this package. Please complete Part A and forward the form to your regulatory body. The verification must be sent to CARNA directly from the regulatory body.
3. Identification, including 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.
4. 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

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.

2010 TEMPORARY PERMIT APPLICATION FORM

Graduates of Canadian Nursing Education Programs outside Alberta



Oct. 1, 2009 – Sept. 30, 2010



1. Identification		
<hr/> <i>Full legal name</i>	<hr/> <i>Previous/other names (i.e. maiden name)</i>	
<hr/> <i>Address (include apartment or suite number)</i>	<hr/> <i>City</i>	
<hr/> <i>Province/State/Territory</i>	<hr/> <i>Country</i>	<hr/> <i>Postal code</i>
<hr/> <i>Home phone</i>	<hr/> <i>Cell phone</i>	<hr/> <i>Home e-mail</i>
Birthdate <hr/> <i>day / month / year</i>	<input type="checkbox"/> Female <input type="checkbox"/> Male	

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

A temporary permit allows you to practice as a Graduate Nurse for a period of up to six months while you complete outstanding requirements for Registered Nurse registration. Temporary permits can be renewed ONLY two times. The total maximum time you may practice as a Graduate Nurse in Alberta is 18 months. This application form is only for graduates of a Canadian nursing education program outside Alberta who hold temporary registration in the jurisdiction in which they completed their nursing education program.

2. 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”, 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. Registration Examinations

Please include all instances of writing any of the following nurse registration examinations:

	<i># Times Written</i>	<i>Location</i>	<i>Language</i>	<i>Year</i>	<i>Result (pass/fail)</i>
CNA Testing Service					
NLN State Board Test Pool					
NCLEX-RN					

6. Nursing Practice Hours

	Oct. 1, 2009 - Sept. 30, 2010	Oct. 1, 2008 - Sept. 30, 2009	Oct. 1, 2007 - Sept. 30, 2008	Oct. 1, 2006 - Sept. 30, 2007	Oct. 1, 2005 - Sept. 30, 2006	Oct. 1, 2004 - Sept. 30, 2005	Total Hours
Alberta							
Other jurisdiction (specify):							
Other jurisdiction (specify):							

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 to this form.

The 2010 membership year is Oct. 1, 2009 to Sept. 30, 2010. You must be registered with CARNA prior to practicing in Alberta. Please indicate your expected start date in Alberta: _____

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

Primary employment in Alberta

Name of facility/site:		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> 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"/> Nursing 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/Community Health Nurse <input type="checkbox"/> Director/Assistant Director <input type="checkbox"/> Consultant <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Manager/Assistant Manager <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 in Alberta

Name of facility/site:		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> 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"/> Nursing 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/Community Health Nurse <input type="checkbox"/> Director/Assistant Director <input type="checkbox"/> Consultant <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Manager/Assistant Manager <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):



Verification of Temporary Nurse Registration

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

Applicant Instructions

Complete the personal information, sign the consent section and forward this form to Regulatory/Licensing Authority for the Canadian jurisdiction in which you completed your Nursing program.

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 completion of an approved Nursing program and temporary registration.

Date

Signature of Applicant

Instructions for Regulatory/Licensing Authority are on reverse

Verification of Temporary 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 is registered on a Temporary Permit/License Registration Number _____

Registration Date _____ Registration Expiry Date _____
Day Month Year Day Month Year

Current status is: Registered Inactive

Is this person's registration/license 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

Name of Regulatory/Licensing Authority

Contact phone number

Date