



SERVICE REQUEST FORM FOR CARNA APPLICANTS

Name _____
First name Middle name Last name Other
names
Address _____
City Province/State Country Postal Code
Birthdate: ____/____/____ Email _____
DD MM YY
Phone () _____

Authorization to release information

I hereby authorize the College & Association of Registered Nurses of Alberta to release the information requested below to

_____ for the purpose of assessment of my application for nurse registration or course or program registration requirements. I understand that the information released to the individual(s) or organization (s) identified below will include any decisions made by CARNA regarding my eligibility for registration, including the requirement for any competency assessment(s) and the resulting CARNA decision(s).

Applicant signature File/registration # Date

A copy of your applicant file includes:

- Verification of your registration from original and subsequent jurisdictions
- All nursing education transcripts
- Results of most recent English Language test
- Assessment letter from CARNA if applicable (on request of the jurisdiction to which you are applying)
- Substantially equivalent competency assessment results if applicable (on request of the jurisdiction to which you are applying – will only be released to another regulatory body within Canada)
- Course results if applicable

Send to: 1. _____
2. _____
3. _____

Courier* Fax () Attention: _____

If you have written any registration exam for CARNA, and/or you have held registration with CARNA, including a temporary permit or limited temporary permit, you must also request a verification of your registration with CARNA. A verification includes information regarding the current status of your registration, any suspensions or cancellations of your registration or

practice permit, conditions on your registration or practice permit, and any professional conduct history.

**Please see payment information on the second page of this form.
Payment by MasterCard or VISA only**

	<i>First copy</i>	<i>Additional copies \$2.10 per copy</i>	
Copy of Applicant File	\$55.65		\$
* Courier fee	<i>To be confirmed at time of shipping</i>		\$
Fax charges	\$10.00 within Canada; \$25.00 outside Canada		\$
Total:			\$

Credit Card Authorization

Name on card _____ Card number ____/____/____/____
Expiry date ____/____ Signature _____

Return completed form by:
Fax: 780.452.3276
Email: registration@nurses.ab.ca
Mail:
CARNA
11120 178 ST NW
Edmonton AB T5S 1P2
Canada

For inquiries, contact Registration Services at:
780.451.0043 / 1.800.252.9392 x 548
verification@nurses.ab.ca

**Requests are normally completed within 10-15 business days of receipt and payment.
Please note that all requests are processed in the order that they were received.**