

Verification of Nurse Registration Request Form

APPLICANT INSTRUCTIONS

1. Complete the personal information on this page and sign the consent section.
2. Forward this request form to the jurisdiction from which you are requesting verification of registration.

Verification documents must come directly to CRNA from the nursing registration body or licensing authority.

PERSONAL INFORMATION

Full Name	
Date of Birth (DD-MM-YYYY)	
Full Address	
Email	
Phone number(s)	
School of Nursing (Print Full Name of School)	
Graduation Date (DD-MM-YYYY)	
Registration number with this Jurisdiction	
Initial Registration Date with this Jurisdiction (DD-MM-YYYY)	

I hereby give consent for completion of this Verification of Nurse Registration request form concerning my registration status with

Name of Nursing Jurisdiction

Signature of applicant

Date

Instructions for Regulatory/Licensing Authority are on page 3

VERIFICATION OF NURSE REGISTRATION STATUS

TO BE COMPLETED BY NURSING JURISDICTION ONLY

RETURN THE COMPLETED FORM TO: registration@nurses.ab.ca

- Verifications will be rejected if correction fluid or tape is used.
- The delivery method (email/mail) must clearly show that the verification was sent from the regulatory/licensing authority directly to the College of Registered Nurses of Alberta (CRNA) and that the document was not handled by the applicant or an agent of the applicant.

This will certify that:

Last or family name(s)	
Given name(s)	
Previous name(s)	
Date of Birth (DD/MM/YYYY)	
Completed a nursing education program on (DD/MM/YYYY)	
Name of nursing school	
Location of nursing education completed	
Was registered to practice as a	
Registration number	
Initial Registration date (DD/MM/YYYY)	
Permit/License expiry date (DD/MM/YYYY)	
Current status is	☐ Registered ☐ Inactive

Registration was by	☐ Examination ☐ Endorsement
Name of examination written	☐ CNA Testing services ☐ NLN State Board Test Pool ☐ NCLEX-RN ☐ Other(specify)
Language of examination	☐ English ☐ Other(specify)
Passing score	
Is this person currently undergoing an investigation or subject to an unprofessional conduct or disciplinary process?	☐ Yes * ☐ No *If "Yes" please attached documentation outlining action taken
Has this person's registration/license ever been revoked, suspended or under review?	☐ Yes * ☐ No *If "Yes" please attached documentation outlining action taken
Name	
Title	
Name of Regulatory/ Licensing Authority	
Email	
Phone number	
Signature	
Date (DD/MM/YYYY)	