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P.O Box 2757, Yellowknife, NT X1A 2R1

2018 TEMPORARY CERTIFICATE APPLICATION FORM

Identification (Please print)

Full legal name: (include middle initial or name)		Maiden or previous name:	
Commonly used name: (for mailing purposes)			
Mailing Address: (City/Town, Province/Territory, Postal Code)			
Email:			
For registration and renewal communication RNANT/NU requires a current email address			
Phone numbers:			
Work: ()		Cell or Home: ()	
Date of Birth: (YYYY/MM/DD)	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Primary Residence <input type="checkbox"/> NT <input type="checkbox"/> NU <input type="checkbox"/> Other	

Fee

<input type="checkbox"/> Temporary License \$207.90 = \$198.00 (Base) + \$9.90 (GST)

Nursing Education

School of Nursing: _____	<input type="checkbox"/> RN Program	Graduation Date: _____
Location: (City/ Province/ Territory) _____	<input type="checkbox"/> NP Program	

Verification of Registration

All jurisdictions you have been registered with:	
_____	License/Reg #: _____
_____	License/Reg #: _____
_____	License/Reg #: _____



Reason for Temporary Certificate

<input type="checkbox"/> Employment in NT/NU (waiting to write entry to practice exam or receive exam results) Date/location of NCLEX-RN or CNPE write: _____ Anticipated date/location of hire: _____
<input type="checkbox"/> Completing a Nursing Refresher program or undertakings as part of the Professional Conduct Review process Name of Refresher program (if applicable): _____ Anticipated date(s) of clinical practicum: _____

Eligibility for Registration

Q1	<input type="checkbox"/> Yes Are you fluent in English? <input type="checkbox"/> No
Q2	<input type="checkbox"/> Yes Have you ever previously applied for registration with RNANT/NU? <input type="checkbox"/> No
Q3	<input type="checkbox"/> Yes Are you affected by or diagnosed with a physical, mental condition/illness, disability or drug/alcohol addiction which may affect your ability to practice nursing? <input type="checkbox"/> No
Q4	<input type="checkbox"/> Yes Have you, at any time, been officially reprimanded, suspended or expelled from any nursing education program? <input type="checkbox"/> No
Q5	<input type="checkbox"/> Yes Is your nursing or nursing student professional conduct behaviour and practice currently or has it ever <input type="checkbox"/> No been under investigation?
Q6	<input type="checkbox"/> Yes Are you currently completing or have you ever had to complete undertakings as part of a professional conduct review with any professional regulatory body? <input type="checkbox"/> No
Q7	<input type="checkbox"/> Yes Is your registration currently or has it ever had conditions attached, been suspended, revoked, or under investigation in any jurisdiction? (RN Refresher & NP Graduate applicants only) <input type="checkbox"/> No
Q8	<input type="checkbox"/> Yes Have you ever been found guilty of a criminal offence in any province, territory or country, or do you have any outstanding charges? **This includes any criminal offence for which you received a pardon** <input type="checkbox"/> No
<p>NOTE: If you answered “yes” for any of questions 3-8, please attach documentation (e.g., letter of explanation, pardon) or indicate if documentation was previously submitted. Additionally, if you answered “yes” for Q5, Q6 or Q7 indicate for which jurisdiction(s) and if “yes” for Q8 indicate for which province, territory, state, or country. You must immediately notify the RNANT/NU if there are any changes to the above circumstances.</p>	

<p>With this application, please submit the following documents;</p> <input type="checkbox"/> Valid Government issued photo identification (Drivers’ license/Passport/Other) <input type="checkbox"/> A copy of your current nursing license.
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Consent

- I certify that the information I have provided on this form is true and acknowledge that my Temporary Certificate can be refused, suspended, or cancelled if I have provided any inaccurate information.

Print Name

Signature

Date

Please note: Incomplete applications will be delayed.