



Phone: (867) 873-2745 / Fax: (867) 873-2336 / Email: info@rnantnu.ca

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

2019 TEMPORARY CERTIFICATE RENEWAL 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 Renewal License \$26.25 = \$25.00 (Base) + \$1.25 (GST)

Reason for Renewal of Temporary Certificate

<input type="checkbox"/> Re-writing the <input type="checkbox"/> NCLEX – RN (or) <input type="checkbox"/> CNPE Current place of employment: _____ Date/location of next NCLEX-RN or CNPE Write: _____
<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 completion date of clinical practicum: _____

Eligibility for registration

With this application, please submit the following documents; <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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Registration information

Q1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you fluent in English?
Q2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever previously applied for registration with RNANT/NU?
Q3	<input type="checkbox"/> Yes <input type="checkbox"/> No	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?
Q4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you, at any time, been officially reprimanded, suspended or expelled from any nursing education program?
Q5	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your nursing or nursing student professional conduct behaviour and practice currently or has it ever been under investigation?
Q6	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently completing or have you ever had to complete undertakings as part of a professional conduct review with any professional regulatory body?
Q7	<input type="checkbox"/> Yes <input type="checkbox"/> No	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)
Q8	<input type="checkbox"/> Yes <input type="checkbox"/> No	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**
<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>		

Consent

<input type="checkbox"/> 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
<p><i>Please note: Incomplete applications will be delayed.</i></p>		