



Registered Nurses Association of the Northwest Territories and Nunavut

Phone: (867) 873-2745 / Fax: (867) 873-2336 / Email: info@rnantnu.ca
P.O. Box 2757, Yellowknife, NT X1A 2R1

VERIFICATION FOR REGULATORY JURISDICTION

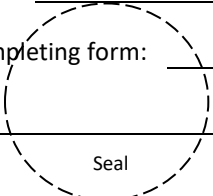
INSTRUCTIONS: Applicants must complete Part A of this form and forward a copy to the regulatory body in which you have been registered/licensed.

Part A: Please Print

Name:	_____	_____	_____	_____	
	Last Name	First Name	Middle Name (Underline Common Name)	Previous Name(s)	
Phone: (____) _____	Email: _____				
Address:	_____				
	Number	Street	City/Town	Province/Territory	Postal Code
Date of Birth (YYYY/MM/DD): _____	RNANT/NU Registration Number: _____				
INITIAL NURSING EDUCATION					
School where you completed our basic program: _____					
Date of Graduation (MM/YY): _____		Initial Nurse Registration Date (/MM/YYYY) _____			
Signature: _____			Date: _____		

Part B: (For Regulatory Body only)

Complete Part B of this form and submit it to the RNANT/NU office by email, fax or mail.

Name of regulatory body: _____			
Name of Registrant: _____	Registration Number: _____		
Type of Registration Granted (Designation): _____			
Initial Registration Date (DD/MM/YYYY): _____	Expiry Date (DD/MM/YYYY): _____		
Registered by (Check one):	<input type="checkbox"/> Examination	<input type="checkbox"/> Endorsement	
Has this person's registration/license ever been denied, revoked, suspended or under review?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Examination Written: _____	Number of Writings: _____		
Date Exam Passed (DD/MM/YYYY): _____	Passing Score: _____		
Name of Registrar/Individual completing form: _____		Title: _____	
Signature: _____	Date: _____		
Seal			