



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

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

## Verification Request Form

### Identification (Please print)

Full legal name: (include middle initial or name)		Maiden or previous name:	Registration number:
Commonly used name: (for mailing purposes)			
Mailing Address: (City/Town, Province/Territory, Postal Code)			
Email:			
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	

### Status and Fees

<input type="checkbox"/> Verification fee member	\$39.38 = \$37.50 (Base) + \$1.88 (GST)
<input type="checkbox"/> Verification fee non-member	\$65.63 = \$62.50 (Base) + \$3.13 (GST)

### Verification of status/ exam results/ registration with RNANT/NU

Includes the following:		
<ul style="list-style-type: none"> <li>• Current name</li> <li>• Date of birth</li> <li>• Entry-level nursing education program name and completion date</li> </ul>	<ul style="list-style-type: none"> <li>• Registration number</li> <li>• Date of first registration with RNANT/NU</li> <li>• Exam results</li> </ul>	<ul style="list-style-type: none"> <li>• Any professional conduct history</li> <li>• Any history of suspension or cancellation of your registration</li> <li>• Current status</li> </ul>
Send to:		
_____		
_____		



### **Delivery**

- Canadian Regulators are submitted via email (except for Quebec-OIIQ)
- All other recipients go by regular mail
- Courier service is available at your cost, we will contact you to confirm prior to shipping  
Please note that you will have to provide the shipping information

### **Authorization to release information**

- I hereby authorize the Registered Nurses Association of the Northwest Territories and Nunavut to release information requested.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date