



Phone: (867) 873-2745 / Fax: (867) 873-2336 / Email: 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"> • Current name • Date of birth • Entry-level nursing education program name and completion date 	<ul style="list-style-type: none"> • Registration number • Date of first registration with RNANT/NU • Exam results 	<ul style="list-style-type: none"> • Any professional conduct history • Any history of suspension or cancellation of your registration • Current status
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