



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

**2021 PAYMENT AUTHORIZATION FORM January 1 to June 30**

**Registration Number:** \_\_\_\_\_ **Name:** \_\_\_\_\_

✓ Please indicate which fees you wish to pay for:

| FEES   | TOTAL WITH GST | ✓ |
|--|----------------|---|
| <b>Starting your application</b>                                     |                |   |
| Processing Fee (Initial, Reinstatement, Temporary, Courtesy)         | \$65.63        |   |
| <b>Approved application</b>  |                |   |
| Registered Nurse Active Practicing Fee (Initial and Reinstatement)   | \$946.52       |   |
| Nurse Practitioner Active Practicing Fee (Initial and Reinstatement) | \$1121.35      |   |
| Associate Non-Practicing Membership Fee                              | \$65.63        |   |
| <b>Change of Category</b>  |                |   |
| RN to NP   | \$227.33       |   |
| Associate to RN  | \$946.52       |   |
| <b>Temporary and Expedited</b>                                       |                |   |
| Temporary Certificate (Refresher Program, PCR courses, New Graduate) | \$207.90       |   |
| Renewal of Temporary Certificate                                     | \$26.25        |   |
| Courtesy License (Educators, Course Instructors, No Patient Care)    | \$276.42       |   |
| Expedited RN (Emergency Situation)                                   | \$946.52       |   |
| Expedited NP (Emergency Situation)                                   | \$1121.35      |   |
| <b>Violations &amp; Verifications</b>                                |                |   |
| Violation  | \$414.65       |   |
| Verification (current member)  | \$39.38        |   |
| Verification (Non-member)  | \$65.63        |   |

**Payment Options:**

➤ VISA or MasterCard

|                          |  |     |  |  |
|--------------------------|--|-----|--|--|
| Credit Card              |  |     |  |  |
| Name                     |  |     |  |  |
| Expiry Date<br>(MM/YYYY) |  | CVC |  |  |

*The credit card information provided on this form will not be retained.*

*Upon authorization of all payment request(s) credit card information will be destroyed.*

**Personal cheques, Virtual Interact/Credit Cards, E-transfers are not accepted**