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## 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: _____		
<b><u>INITIAL NURSING EDUCATION</u></b>				
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: _____

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