



College of **Registered Nurses**  
of Newfoundland & Labrador

<b>APPLICATION TO WRITE THE FAMILY/ALL AGES CANADIAN NURSE PRACTITIONER EXAMINATION (CNPE) FOR INITIAL NURSE PRACTITIONER REGISTRATION IN NEWFOUNDLAND &amp; LABRADOR</b>	
Surname	Given Names
Previous Surname	Date of Birth  <i>Year                      Month                      Day</i>
Email address	
Phone number(s)	CRNNL # <i>(if applicable)</i>
Address <i>(full mailing address)</i>	
School of Nursing _____  Masters _____  City/Town/Province _____  Date of Entrance _____ Date of Completion _____  <b><i>*Verification of program completion is required prior to registering for exam.</i></b>	
Have you ever written the Family/All ages Nurse Practitioner exam before? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, Indicate number of attempts 1 _____ 2 _____ 3 _____  Date(s) _____ Location(s) _____	
<b>CRNPE:F/AA is a Computer Based Test (CBT) and is delivered by a third-party vendor. Information on booking your exam appointment and other important information will be sent to candidates by the vendor prior to exam day. Information on the exam can be found in the <a href="#">Candidate Examination Handbook</a> or on the CCRNR website <a href="http://www.ccrnr.ca/familyall-ages.html">http://www.ccrnr.ca/familyall-ages.html</a>. Candidates writing in Newfoundland &amp; Labrador will complete their examination online through remote proctoring. There are no testing centers locations in NL.</b>	
Please indicate if you wish to write the examination in another Canadian jurisdiction _____ <div style="text-align: right; margin-right: 100px;"><i>City</i></div> <div style="text-align: right;"><i>Province/Territory</i></div> The examination fee for the sum of \$ _____ is enclosed. CRNNL Exam Admin Fee 1 <sup>st</sup> attempt \$86.25 Retake fee \$57.50	
CREDIT CARD NUMBER:	EXPIRY DATE:
_____	____ / ____
CVR NUMBER:	
_____	
<b><i>Release of Exam Results</i></b> <i>I hereby grant consent to the CRNNL to release my results of the Canadian Nurse Practitioner Examination (CNPE) to the Director of the Nursing Education program from which I graduated.</i>	
Signature	Date
_____	_____