

Complete each section and initial the bottom of each page.

Section A:

 Name CRNNL Licensure/Registration #

 Phone Number Primary Email Address

 Address

 Manager Name Phone Number

 Employer(s) Address (include site/unit)

Section B:

Confirm required documentation attached:

- Course descriptions(s)/ university name(s) Y___ N___
- Agency/Facility letter advising CRNNL candidate permitted to complete clinical practicum within organization Y___ N___
- Preceptor Information Form(s) Y___ N___

Section C:

Registered Nurse's Declarations

I _____ hereby apply to complete the NPCVP-Re-entry process and declare that the information I have provided in this application is true and correct.

I _____ declare that I understand that I am to receive the approval of the CRNNL before commencing the NPCVP- Re-entry process, including the required theoretical courses and clinical practicum.

I _____ understand that I must comply with any university requirements/policies for admission/course registration or other requirements, and that ARNNL is not part of any university admission process.

I _____ understand that CRNNL does not guarantee that courses or other requirements for the NPCVP-Re-entry will be available in Newfoundland and Labrador.

I _____ understand that during the completion of my clinical practicum as part of the NPCVP-Re-entry I am not permitted to independently prescribe medications, order diagnostics or forms of energy(radiology).

_____ **Initials**



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

I _____ hereby give consent to the CRNNL to obtain confirmation or verification of the documentation and information submitted as part of this application, including but not limited to contacting my preceptor(s), employer or the facility/agency where I indicated I will complete my clinical practicum.

RN Signature

Date

Please charge the \$46.00 application fee to:

CREDIT CARD NUMBER:

EXPIRY DATE: _____ **CVV#** _____ (3 digit # on back of card)
month/year

CARDHOLDER'S NAME:

Signature: _____ **Date:** _____

Accepted methods of payment:

Visa, MasterCard, American Express, Discover, Diners Club International

For Office Use Only:

Part A Reviewed: _____

Part B Received: _____

Part C Reviewed: _____

Processing Fee: _____

Date Approved: _____

Signature: _____

Approval Letter sent to Candidate: _____

_____ **Initials**