



The applicant will complete Section A only and forward this form to the registered authority which granted registration for completion of Section B. If registered in more than your original or one other jurisdiction, you may copy and forward to all jurisdictions.

Section A: Applicant Information

I, _____ Surname _____ Given Name _____ Maiden Name (if applicable) _____
born on _____ Day/Month/Year graduated from _____ School of Nursing _____
in _____ City _____ Province/State _____ Country _____ in _____ Month/Year _____
I was originally registered in _____ Province/State/Country in _____ Month/Year under number _____
I was registered in your jurisdiction in _____ Month/Year under number _____
My present address is _____ Street Address _____
_____ City _____ Province/State _____ Country _____ Postal Code _____
E-mail address _____

I hereby give consent for release of information as requested by CRNNL.

_____ Date _____ Signature of Applicant _____

Section B is to be completed by the registering authority and forwarded directly to the College of Registered Nurses of Newfoundland & Labrador.

Section B: Verification From Registering Authority

Acting on behalf of the _____ Authority which granted registration _____

I do hereby certify that _____ Name of Applicant _____

was issued a certificate of registration as a registered nurse in this jurisdiction on _____ Date _____ and number _____

by Examination Certification _____ Date license was issued _____ Date license expires/ed _____

Has this license ever been suspended or revoked or under review/investigation? Yes No Date
(if Yes, please indicate the reason on the reverse side) _____

If Yes, has this license been reinstated? (leave blank if not applicable) _____

Are there conditions or restrictions on the applicant's registration or licensure? Yes No Date
(if Yes, please indicate the reason on the reverse side) _____

Applicant's current membership status: _____

Insofar as is known by this Authority, the applicant is eligible for registration Yes/No _____

Nurse Registration Examination Results:
Examination name: _____
Language of exam: _____
Number of attempts: _____

Table with 3 columns: Province/Country, Date, Number. Row 1: _____, _____, _____

Other Registrations (if more than 2 please continue on reverse)

SEAL

_____ Executive Director or Director of Registration _____ Date _____