



**APPLICATION TO WRITE THE FAMILY/ALL AGES
CANADIAN NURSE PRACTITIONER EXAMINATION (CNPE)
FOR INITIAL NURSE PRACTITIONER REGISTRATION IN NEWFOUNDLAND & LABRADOR**

Surname	Given Names
Previous Surname	Date of Birth <i>Year Month Day</i>
Email address	
Phone number(s)	CRNNL # (if applicable)
Address (full mailing address)	
School of Nursing _____ Masters _____ City/Town/Province _____ Date of Entrance _____ Date of Completion _____ <i>*Verification of program completion is required prior to registering for exam.</i>	
Have you ever written the Family/All ages Nurse Practitioner exam before? ___ Yes ___ No If yes, Indicate number of attempts 1 _____ 2 _____ 3 _____ Date(s) _____ Location(s) _____	
<p> CNPE: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 Candidate Examination Handbook or on the CCRNR website http://www.ccrnr.ca/familyall-ages.html. Candidates writing in Newfoundland & Labrador will complete their examination online through remote proctoring. There are no testing centers locations in NL. </p> <p> Please indicate if you wish to write the examination in another Canadian jurisdiction _____ City Province/Territory </p> <p> The College examination admin fee is \$86.25. Retake fee \$57.50 </p> <p> The College will issue you an invoice through the online member portal https://crnnl.alinityapp.com/. </p> <p> Release of Exam Results <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> </p> <p> Signature _____ Date _____ </p>	