

FORM 1

NURSE PRACTITIONER (NP) APPLICATION FOR LICENSURE ELIGIBILITY

1. Personal Information

Surname	Given Name(s)	Maiden and/or Other Surname(s)
Mailing Address		Postal Code
Telephone (H)	Telephone (B)	Email Address
CRNNL RN Registration Number	Expiry Date of RN Practicing License (Y/M/D)	

Other RN Registrations:

List all jurisdictions where you hold current RN registration/licensure.

Number	Province/State/Country	Date Issued (Y/M/D)	Expiry Date

Other NP Registrations:

List all jurisdictions where you hold current NP registration/licensure (if applicable).

Number	Province/State/Country	Date Issued (Y/M/D)	Expiry Date

2. Nurse Practitioner Education

Nurse Practitioner Program

School: _____

Address: _____

Date of Completion: _____ (Year/Month/Day)

Program of Study: Family All Ages Adult Pediatric

3. Nurse Practitioner Employment

List current NP employment (if applicable). Attach separate sheet if needed

Employer

Name: _____
Address: _____
Phone Number: _____ **Fax Number:** _____
Employment Date: _____
(Year/Month/Day)

Second Employer

Name: _____
Address: _____
Phone Number: _____ **Fax Number:** _____
Employment Date: _____
(Year/Month/Day)

OR

If in Independent Practice/Self-Employed

Nurse's Business Address: _____
Phone Number: _____ **Fax Number:** _____
Consultative Physician's Name: _____
Address: _____

4. Controlled Drugs and Substances Requirements

All NPs are required to complete the following:

- A prescribing Controlled Drugs & Substance (CDS) course approved by CRNNL.
- Government of Newfoundland and Labrador Tamper Resistant Prescription Pad Program (TRPPP) declaration.

For information on approved CDS courses and information regarding TRPPP contact registration@crnnl.ca
Link to the TRPPP website: http://www.health.gov.nl.ca/health/prescription/hcp_tamperresistantdrugpad.html

Have you completed the Controlled Drugs & Substances requirements? **Yes** **No**

5. Choosing Wisely NL

Quality of Care Newfoundland and Labrador is a provincial initiative aimed at improving health care in our province by looking for new ways to make sure people get the care they need, when they need it. *Quality of Care NL* works with Choosing Wisely Canada to implement their recommendations on reducing unnecessary care here in Newfoundland and Labrador. These projects are known as *Choosing Wisely NL* projects.

Through partnership with CRNNL, Nurse Practitioners can receive their personal prescribing information directly from Quality of Care NL/Choosing Wisely NL by completing the question below to provide their consent.

Once licensed as an NP with CRNNL do you consent to receive your personal prescribing information directly from Quality of Care NL/Choosing Wisely NL? **Yes** **No**

Note: campaign information will be sent to the e-mail address you provide to CRNNL during registration.

6. Declaration

I _____ understand that I am required by the RN Regulations (2013) to immediately update
Name

CRNNL should any of the information provided above change. I hereby make application for a licensure as a
nurse practitioner in _____ and declare that the above information is true and correct.
Family All Ages/Adult/Pediatrics

Date

Signature of Applicant