

**Verification of Original
Registration/Licensure**

A. To be completed by the applicant and forwarded to the regulatory body in the jurisdiction(s) which deemed you eligible for/granted original nurse registration.

Last Name _____ Given Name _____ Middle Name _____
 Former Name(s) _____
 Home Address _____ City _____
 Province/State _____ Country _____ Postal/Zip Code _____
 Telephone: Home () _____ Work () _____ Ext ____ Cell () _____
 School of Nursing _____ Location _____ Graduation Year _____
 I first obtained RN registration in (province/state/country): _____
 I was registered in your jurisdiction in (year): _____ and issued Registration Number _____

I HEREBY AUTHORIZE YOU TO COMPLETE THE FOLLOWING:

Signature _____ Date _____

B. To be completed by the regulatory body in the jurisdiction(s) which deemed you eligible for/granted original nurse registration and returned directly to the CRNS.

THIS IS TO CERTIFY THAT _____ graduated from (school of nursing and location) _____ and was issued Registration Number _____ on (date) _____ to practice as a General Registered Nurse. Registration was obtained with ____ without ____ examination. Current registration status is _____ Expiry date _____. If inactive, state date last active _____. Date re-entry/ refresher program completed _____. Is this licence /registration currently encumbered by a discipline order, court order of suspension, alternate dispute resolution agreement, undertaking or mediation agreement?
 YES NO

NAME OF EXAMINATION WRITTEN	PASSING SCORE	NUMBER OF WRITINGS

S E A L

Signature

Name & Title Date

Regulatory Body