R N College of Registered Nurses of Saskatchewan

A. To be completed by the applicant and forwarded to the regulatory body in the province/ territory where you obtained your nursing education, or where your international transcripts were approved as equivalent.

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 Date _____

I HEREBY AUTHORIZE YOU TO COMPLETE THE FOLLOWING:

Signature _____ Date _____

B. To be completed by the regulatory body in the province/territory where the applicant obtained nursing education, or where the international transcripts were approved as equivalent, and returned directly to the CRNS.

THIS IS TO CERTIFY THAT _____ is writing/has written the
                                                   Name of Applicant

NCLEX-RN Examination or _____
                                              Name of Other Examination

on _____. First writing ❑ Yes ❑ No Examination in English ❑ Yes ❑ No
            Date

S E A L

_____
Signature

_____
Name & Title   Date

_____
Regulatory Body

To protect the public through the regulation of Registered Nurses and Nurse Practitioners.
1-3710 Eastgate Drive, Regina,SK S4Z 1A5 | info@crns.ca | crns.ca