



REQUEST FOR CONFIRMATION OF INTERIM STATUS WITH CANADIAN JURISDICTIONAL REGISTERING BODY

u PART A APPLICANT [To be completed by applicant and forwarded to appropriate Canadian jurisdictional nurse licensing body.]

Name: _____ Date of Birth: _____
First Name Last Name

Address: _____
Street Address City Province Postal Code

School of Nursing: _____ Province/Country: _____

Graduation Date: _____

I give permission for the information requested below to be provided to the Yukon Registered Nurses Association.

Signature: _____ Date: _____

u PART B JURISDICTIONAL NURSING BODY [To be completed by Canadian jurisdictional nurse licensing body and forwarded by MAIL directly to the Yukon Registered Nurses Association at the address below.]

Name of Canadian Association or College: _____

I confirm that the above-named applicant holds status with this jurisdictional registering body as follows:

New Graduate of Canadian Nursing Program

1. The applicant has successfully completed a basic nursing program in this jurisdiction. yes no

2. The applicant has been placed on the nominal roll for the Canadian Registered Nurse Exam by this jurisdiction. yes no
If yes, CRNE date: _____

3a. The applicant has been issued a temporary, interim or new graduate license in this jurisdiction. yes no
If yes, license # _____
Effective dates _____

OR

b. The applicant meets all requirements for a temporary, interim or new graduate license with the exception of having an employer within this jurisdiction, but would be eligible for a temporary permit EXCEPT FOR THAT ONE STIPULATION. yes no

Internationally Educated Nurse

1. The applicant's education and other qualifications have been assessed as meeting criteria for registration in this jurisdiction. yes no

2. The applicant has been placed on the nominal roll for the Canadian Registered Nurse Exam by this jurisdiction. yes no
If yes, CRNE date: _____

3a. The applicant has been issued a temporary, interim or new graduate license in this jurisdiction. yes no
If yes, license # _____
Effective dates _____

OR

b. The applicant meets all requirements for a temporary, interim or new graduate license with the exception of having an employer within this jurisdiction but would be eligible for a temporary permit EXCEPT FOR THAT ONE STIPULATION. yes no

Signature: _____

Printed Name: _____

Title: _____

Date: _____

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