



2012

PLEASE PRINT CLEARLY

YRNA REGISTRATION #

IDENTIFICATION

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

**YUKON OR PERMANENT CONTACT INFORMATION**

Full Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ Prov/Terr \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Previous Surnames (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_

dd mm year

**OTHER JURISDICTIONS WHERE PRACTISING LICENSURE HELD** Gender:  Female  Male

Language:  English  French

**2012 FEE SCHEDULE** (including 5% GST)

- RN (Practising) ..... \$560.00
- RN (Practising) (after September 30th) .... \$363.00
- Non-Practising ..... \$105.00
- Associate Basic ..... \$162.75
- Associate Plus ..... \$180.00
- Special Practice (contact YRNA for details)..... \$186.50
- Temporary Student ..... \$ 52.50
- Processing Fee (new applicants only) ..... \$ 52.50

Processing fee must accompany all new applications and all applications for renewal of practicing licensure received after the March 1st administrative deadline.

Fees may be paid by cheque, money order or cash. YRNA is unable to process debit or credit cards. Make cheques payable to YRNA.

COMPLETE ALL SECTIONS

EDUCATION

**INITIAL NURSING EDUCATION**

Grad Year \_\_\_\_\_ School of Nursing \_\_\_\_\_ City \_\_\_\_\_ Province (or country) \_\_\_\_\_

1. Diploma leading to RN  2. Baccalaureate leading to RN  3. Master's leading to RN

<b>POST-RN NURSING EDUCATION DEGREE</b> (Check highest level completed)	<b>OTHER NURSING EDUCATION NON-DEGREE</b> (Check all that apply.)	<b>EDUCATION OTHER THAN DEGREE</b> (Check all that apply.)
<input type="checkbox"/> Baccalaureate in nursing <input type="checkbox"/> Master's degree in nursing <input type="checkbox"/> Doctorate in nursing <input type="checkbox"/> None Year completed: _____	<input type="checkbox"/> Certificate/Diploma (min 300 hr) <input type="checkbox"/> Current CNA Certification <input type="checkbox"/> Refresher program (Year _____) <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> None

**CONTINUING EDUCATION**  Yes, nursing program  No  
 Are you currently enrolled in an educational program?  Yes, non-nursing program  No

**NEW APPLICANTS**

Be sure to include the following documentation with your completed Application for Registration:

- \_\_\_ Copy of Birth Certificate
- \_\_\_ Copy of 2nd piece of I.D.
- \_\_\_ Copy of name change document if name has changed from that shown on Birth Certificate
- \_\_\_ Cheque or money order for processing fee and license fee (fees may be paid separately or combined in one payment)

Arrange to have:

- \_\_\_ Verification of Registration sent from current jurisdiction to YRNA
- \_\_\_ Employer Reference mailed to YRNA (may be faxed but must be mailed)

EMPLOYMENT INFORMATION

**PRIMARY YUKON EMPLOYER IN NURSING**

Employer, Agency (e.g. Yukon Health & Social; Yukon Hosp. Corp; Agency Name, etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov/Terr \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

PRIMARY YUKON WORKSITE (eg. Watson Lake Hospital, Macaulay Lodge, etc.) \_\_\_\_\_ WORKSITE Postal Code \_\_\_\_\_

**CURRENT NON-YUKON EMPLOYER INFORMATION** (if applicable)

Employer, Agency (e.g. Yukon Health & Social; Yukon Hosp. Corp; Agency Name, etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov/Terr \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**EMPLOYMENT STATUS CODE**

**With PRIMARY YUKON EMPLOYER**  
(Select one code)

- FULL TIME**
1. Full-time by choice
  2. Full-time seeking part-time
- PART TIME**
3. Part-time by choice
  4. Part-time seeking full-time

**With NON-YUKON EMPLOYER**  
(Select one code)

- TEMPORARY/TERM**
5. Temporary part-time
  6. Temporary full-time
- CASUAL**
7. Casual by choice
  8. Casual seeking part-time
  9. Casual seeking full-time

**NO NURSING EMPLOYER?**  
(Select one code)

- NOTE EMPLOYED AND**
10. Seeking nursing employment
  11. NOT seeking nursing employment
- EMPLOYED IN OTHER THAN NURSING**
12. Seeking nursing employment
  13. NOT seeking nursing employment

RECORD OF RN HOURS

**INDICATE THE TOTAL NUMBER OF HOURS WORKED IN ACTIVE NURSING FOR THE PAST 5 YEARS.  
DO NOT INCLUDE VACATION OR SICK TIME TAKEN.**

If hours on file are incorrect, indicate correct hours here

Membership Year	RN Hours	Place of Approved RN Employment	
Jan 1, 2011 – Dec 31, 2011	_____	_____	_____
Jan 1, 2010 – Dec 31, 2010	_____	_____	_____
Jan 1, 2009 – Dec 31, 2009	_____	_____	_____
Jan 1, 2008 – Dec 31, 2008	_____	_____	_____
Jan 1, 2007 – Dec 31, 2007	_____	_____	_____
<b>Total Hours</b>	_____		

YUKON EMPLOYMENT STATISTICS

I am completing the employment statistics below based on:  Yukon employment OR  non-Yukon employment

**PLACE OF WORK**

Select code for primary employer only.

- 01 Hospital
- 02 Mental Health Centre
- 03 Nursing Station (outpost or clinics)
- 04 Rehabilitation / Convalescent Centre
- 05 Nursing Home / Long Term Care
- 06 Home Care Agency
- 07 Community Health / Health Centre
- 08 Business / Occupational Health
- 09 Private Nursing Agency / Private Duty
- 10 Self-employed
- 11 Physician's Office / Family Practice
- 12 Educational Institution
- 13 Association / Government
- 14 Other \_\_\_\_\_
- 17 Public Health Department/Unit
- 51 Medevac / Ambulance Service
- 99 Not stated

**PRIMARY AREA OF RESPONSIBILITY**

Select code for primary employer only

- DIRECT CARE**
- 01 Medicine / Surgery
  - 02 Psychiatric / Mental Health
  - 03 Paediatric
  - 04 Maternal / Newborn
  - 05 Geriatric / Long Term Care
  - 06 Critical Care
  - 07 Community Health
  - 08 Ambulatory Care
  - 09 Home Care
  - 10 Occupational Health
  - 11 Operating Room / RR
  - 12 Emergency Care
  - 13 Several Clinical Areas
  - 14 Oncology
  - 15 Rehabilitation
  - 17 Public Health
  - 18 Telehealth
  - 19 Other Direct Care

- ADMINISTRATION**
- 22 Nursing Service
  - 23 Nursing Education
  - 24 Other Administration

- EDUCATION**
- 31 Teaching students
  - 32 Teaching employees
  - 33 Teaching patients/clients
  - 34 Other education

- RESEARCH**
- 41 Nursing research only
  - 42 Other Research

99 Not Stated

**POSITION**

Select code for primary employer only.

- 01 Chief Nursing Officer / CEO
- 02 Director / Assistant Director
- 03 Manager / Assistant Manager)
- 06 Staff Nurse / Community Health Nurse
- 08 Instructor / Professor / Educator
- 09 Researcher
- 10 Consultant
- 11 Other \_\_\_\_\_
- 14 Clinical Nurse Specialist
- 15 Nurse Midwife
- 16 Nurse Practitioner

MEMBER SURVEY

1. Do you have plans to retire from the nursing workforce in the next 5 years?  Yes  No
2. In which languages other than English are you able to safely deliver nursing care? \_\_\_\_\_
3. Are you employed in nursing by more than one nursing employer?  Yes  No  
If yes, how many employers do you have? \_\_\_\_\_
4. Are you working in the Yukon as an employee of a travel/nursing agency?  Yes  No  
If yes, which agency? \_\_\_\_\_
5. In the case of a declared emergency in the Yukon, may YRNA release your name and contact information to emergency response personnel?  Yes  No

**RENEWING APPLICANTS ONLY**

**CONTINUING COMPETENCE REQUIREMENT** (Please choose one of the following.)

- I have held RN (Practising) status with YRNA for more than 6 months and have included my completed Continuing Competence Annual Report form.
- I held RN (Practising) status with YRNA for less than 6 months (after Sept. 30) in the last license year so have not included a CCP Annual Report.
- I am applying for a non-practicing category of registration so have not submitted a Continuing Competence Annual Report.

NOTE: All applications for renewal of practicing licensure received after the March 1st administrative deadline will be subject to a late fee of \$52.50. Late license renewals will not be processed until this fee has been paid.

**NEW APPLICANTS ONLY**

It is important that a Yukon a/address be indicated on the reverse for new applicants beginning work in the Yukon. However, if you have a current non-Yukon address where you can be contacted prior to beginning work in the Yukon, please include that information below.

**CURRENT NON-YUKON CONTACT INFORMATION (For NEW APPLICANTS ONLY)**

Full Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ Prov/Terr \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

e-mail \_\_\_\_\_

This address is effective until: \_\_\_\_\_

Have you previously been registered with YRNA (including a Temporary Permit)?

Yes  No  Don't know

Start date for Yukon employment (if known): \_\_\_\_\_

How long do you expect to work in the Yukon?

- Less than 3 months  More than 12 months
- 3 to 6 months  Don't know
- 6 to 12 months

**ALL APPLICANTS**

I understand that YRNA provides anonymous statistical information extracted from this form to the Canadian Institute for Health Information (CIHI) for inclusion in the national RN Database.

By my signature below, I confirm that:

- 1) I understand that in order to practise nursing in the Yukon I am required by law to hold a license with YRNA before I commence employment, including any orientation.
- 2) I have disclosed to YRNA any known condition which may impede my capacity to practice;
- 3) I have reported to YRNA any investigation of, conditions on, or suspension of, a nursing license I hold in another jurisdiction.

I certify that the information contained in this form is true and correct and that I am willing and able to comply with the Canadian Nurses Association's Code of Ethics for Registered Nurses.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_