



**INSTRUCTIONS:** Part A – To be completed by applicant and forwarded to provincial/territorial nursing association of current or most recent registration.  
Part B – To be completed by jurisdictional nursing association and forwarded by MAIL directly to YRNA.

**▶ PART A: APPLICANT**

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street Address City Province Postal Code

Previous Surname(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School of Nursing: \_\_\_\_\_ Province/Country: \_\_\_\_\_

Graduation Date: \_\_\_\_\_  
Month Year

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

**▶ PART B: JURISDICTIONAL NURSING BODY**

Name of Association/College/Board/Council: \_\_\_\_\_

Name of Registrant: \_\_\_\_\_

Initial Registration Date in Jurisdiction: \_\_\_\_\_ Registered by:  Examination  Endorsement

Type of Registration Granted: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Expiry Date of Registration in Jurisdiction: \_\_\_\_\_

Is this person's registration/license currently revoked, suspended or under review?  Yes\*  No  
 \* If yes, please provide details on separate sheet.

Registration Examination:	Date Exam Written	Pass/Fail	Times Written
<i>Canadian Nurses Association CNAT or CRNE</i>	_____	_____	_____
<i>U.S. State Board Test Pool and/or NCLEX</i>	_____	_____	_____
<i>Other (please specify)</i>	_____	_____	_____

Was examination written in English?  Yes  No

**SEAL**

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

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_