



VERIFICATION OF REGISTRATION: NURSE PRACTITIONER

Section A *To be completed by applicant. Forward this request to the jurisdiction(s) where you are currently registered as a nurse practitioner.*

I, _____
Given names Surname Maiden or Other Surname(s)

DOB: ____/____/____
Day Month Year

graduated from the _____ nurse practitioner school
program on _____. I am currently registered as a Nurse
Practitioner in the province of _____ under registration number _____

Date: _____ Signature of applicant: _____

Section B *To be completed by the Nursing Regulatory Body and forwarded directly to CNNB at reg-imm@cnnb-opinb.ca*

This is to certify that _____
Given names Surname Maiden or Other Surname(s)

graduated from _____ nurse practitioner school

program on _____. This program of study was in:

primary healthcare/family all ages; or

other specialty please specify: _____. This was an approved program at
the time of completion Yes No

This applicant was issued a registration as a registered nurse practitioner on: _____
day/ month/ year

bearing registration number _____.

Applicant's current registration status with this authority _____. Valid until _____

Applicant's registration status for the past 3 years:

Year	Status
_____	_____
_____	_____
_____	_____

Has this nurse practitioner registration ever been suspended or revoked? Yes No
If yes, please provide details.

OFFICIAL SEAL/STAMP



Date

Title

Name and Signature