

**VERIFICATION OF REGISTRATION – REGISTERED NURSE**

**SECTION A** *To be completed by applicant and forwarded to the Regulatory Body which granted your current nursing registration.*

**Name:** \_\_\_\_\_  
Last name First name Middle name

**Maiden name:** \_\_\_\_\_ **Former name(s):** \_\_\_\_\_

**Current address:** \_\_\_\_\_  
Apartment # Street Number and Name

\_\_\_\_\_  
City Province / State Postal Code / Zip Country

**Date of birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **My registration number in your Jurisdiction:** \_\_\_\_\_  
Day Month Year

**Graduated from:** \_\_\_\_\_ **Date of graduation:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
School of Nursing Day Month Year

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

**SECTION B** *To be completed by the Nursing Regulatory Body and forwarded directly to CNNB at [reg-imm@cnnb-opinb.ca](mailto:reg-imm@cnnb-opinb.ca)*

**Acting on behalf of** \_\_\_\_\_, **I do hereby certify that**  
Regulatory Body

\_\_\_\_\_ **a graduate of** \_\_\_\_\_  
Name of applicant School of nursing

**located in** \_\_\_\_\_ **was issued a certificate of registration as a**  
City Province/State Country

**Registered Nurse on** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **, bearing number** \_\_\_\_\_  
Day Month Year

**The certificate was obtained by:**  Examination  
 Endorsement

<b><u>EXAMINATION INFORMATION</u></b>	
<b>Registration Examination:</b>	<input type="checkbox"/> CRNE
<b>Passing Score:</b> _____	<input type="checkbox"/> NCLEX
<b>Number of times written:</b> _____	<input type="checkbox"/> Other (specify)

The applicant's current registration status with this authority \_\_\_\_\_ **Valid until** \_\_\_\_\_

**The applicants registration/membership status for the past 5 years:**

Year	Status
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Is this registration presently suspended, revoked, subjected to conditions or restrictions, or under investigation?**  Yes  No

\_\_\_\_\_  
Date Printed name and Signature

**Official Seal/Stamp**