



Saskatchewan Registered Nurses' Association
2066 Retallack Street
Regina, SK S4T 7X5 Canada
306-359-4200 Toll Free 1-800-667-9945 Fax 306-359-0257
Email: info@srna.org www.srna.org

Information for Canadian Nurse Practitioner

To practise as a nurse practitioner in Saskatchewan, you must be registered and licenced to practise nursing with the SRNA. Only if you have a licence to practise nursing can you call yourself, or be employed as a “nurse”, “registered nurse”, “graduate nurse”, “registered nurse (nurse practitioner)” or “registered nurse (graduate nurse practitioner)”.

Instructions to Apply: Canadian Nurse Practitioner

This application package is for applicants who have been educated in a nurse practitioner program in a Canadian province/territory.

It is required that all RN(NP) and RN(GNP) applicants be registered as a Registered Nurse with the SRNA.

Requirements for Registration in Saskatchewan

- **Registration as a Registered Nurse:** You must be registered as a Registered Nurse with the SRNA.
- **Registration in Good Standing:** You must have been registered in good standing in the jurisdiction where you most recently worked as a nurse practitioner.
 - **Hours of Practice:** In the last three years, you must have either
 - worked at least 1800 hours of nursing practice, 600 hours of which must be clinical; or
 - graduated from an approved nurse practitioner education program; or
 - completed an approved nurse practitioner re-entry program. If you have completed a nurse practitioner re-entry program within the previous three years, please have a transcript and verification forwarded by the nurse practitioner re-entry program directly to our office.
- **Continuing Competence:** Continuing competence is defined as the ongoing ability of a registered nurse to integrate and apply the knowledge, skills, judgment and personal attributes required to practise safely and ethically in a designated role and setting. In Saskatchewan, the Continuing Competence Program has four components: personal assessment, feedback, learning plan and evaluation. You must have fulfilled the continuing competence requirements of the jurisdiction where you most recently practiced as a nurse practitioner.

Confirmation of CDSA Course: If your nurse practitioner program is located outside of Saskatchewan, confirmation of completion of the Controlled Drug and Substance Act (CDSA) Course is required. This is a mandatory course for nurse practitioners applying for registration with the SRNA. For more information regarding the CDSA module please visit the following link: http://www.srna.org/images/stories/pdfs/registration/cdsa_brochure_2011_07_21.pdf

Instructions to Apply

Documents from Applicant

Send to SRNA (either scan and email to register@srna.org, fax to 306-359-0257, or mail):

- **Application for Assessment Registered Nurse (Nurse Practitioner) RN(NP).**
- Non-refundable fee of \$157.50, payable in Canadian funds. We accept money orders, cheques, Visa or MasterCard. Please do not send cash in the mail.
- **Consent Form to Obtain Employment Reference Information for Nurse Practitioner.** If you have practised as a nurse practitioner or graduate nurse practitioner, you must give your most recent nurse practitioner employer's contact information. We will send it with a reference questionnaire to your most recent nurse practitioner employer, who must return it directly to our office. If you have not worked as a nurse practitioner or graduate nurse practitioner, please complete section II of the form.

Documents from Source

All envelopes must clearly show that these documents were mailed directly from the organizations to SRNA, or we will need to request authenticity and your application will be delayed.

If you have been licensed to practise as a nurse practitioner in another jurisdiction, send the **Verification of Nurse Practitioner Current/Most Recent Registration/Licensure** form and required fee to the regulatory body in the jurisdiction where you were registered as a nurse practitioner. The regulatory body will fill in their section and return the form directly to our office.

Send the **Verification of Nurse Practitioner Original Registration/Licensure** form and required fee to the regulatory body in the jurisdiction where you got your basic nursing education and nurse practitioner registration. They will fill in their section and return the form directly to our office. ([extra form](#))

**If your original and current/most recent nurse practitioner registrations are in the same jurisdiction, we only require the regulatory body to fill in the Verification of Nurse Practitioner Current/Most Recent Registration/Licensure form and return it directly to our office.*

If your nurse practitioner program has not been recently reviewed and recognized by SRNA a curriculum validation will be required. Please contact the SRNA office for more information.

When we receive your application and fee, SRNA will:

- Open a file and send you a checklist showing documents received and outstanding.
- Send a reference questionnaire to your most recent RN(NP) employer, if applicable.
- Assess documents as we receive them, check for authenticity, and ask for clarification or additional information as needed.

Your application is confidential. We will only release information to a third party (e.g. spouse, friend or employer) if you have sent us a signed letter authorizing SRNA to release information to that party.

If you move, please contact us with your new address. If you change your name, send us a clear copy of your change of name documentation/marriage certificate.

SRNA will hold incomplete applications for one year. Regulations and entry requirements are subject to bylaw and policy changes.

Once we receive all requirements and your application is approved, we will send you instructions to apply for the applicable licensing exam.

Nurse Practitioner RN(NP) Licensure

Once we receive all requirements and your application is approved, we will send you instructions to process your licence.

To confirm that you are licensed as a RN(NP) before you begin work visit our Online Verification Service <https://www.srna.bz/services/Employer/EmplValWelcome.aspx>. Practicing without a license is in violation of *The Registered Nurses Act, 1988* and there would be no liability coverage for either yourself or your employer.

We will mail a license to you after the effective date.

RN(NP)s are required to participate in the Continuing Competence Program. See www.srna.org for our Online Tutorial and documents.



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**Application for Assessment
 Registered Nurse (Nurse Practitioner)
 RN(NP)**

Last Name _____ Given Name _____ Middle Name _____

Former Last Name(s) _____ SRNA Registration Number _____

Home Address _____ City _____

Province/State _____ Country _____ Postal/Zip Code _____

Email _____ This email is Home Work

Telephone: Home (____) _____ Work (____) _____ Ext ____ Cell (____) _____

What specialty are you applying for? Primary Care Neonatal Other _____

Formal Nurse Practitioner Education

Name and Location of Each Nurse Practitioner Program	Language of Instruction	Date Entered y/m	Date Graduated y/m	Credential Received
				<input type="checkbox"/> Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
				<input type="checkbox"/> Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
				<input type="checkbox"/> Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate

Have you ever been licenced or practised as a RN(NP) or RN(GNP) Yes No

If yes, please provide the following additional information:

	Province/Country
Where did you first obtain registration as a RN(NP)?	
Where were you most recently registered and practising as a RN(NP)?	

Have you taken a nurse practitioner re-entry/refresher program in the last 3 years? Yes No

	Date Completed	Name of Program	Province/Country
Nurse Practitioner Re-entry/ Refresher Program			

RN(NP) Employment History

(If you have had more than one employer within the dates indicated, fill in the name of your primary employer only, but include the total and clinical RN(NP) hours worked at all employers within those dates.)

Year (do not change dates)	Place of Primary Employment		Total Hours Per Year	Clinical Hours Per Year
	Facility	Location		
2010 Dec 01 – 2011 Nov 30				
2009 Dec 01 – 2010 Nov 30				
2008 Dec 01 – 2009 Nov 30				

If you were previously licenced as a RN(NP), have you fulfilled the RN(NP) continuing competence requirements in your jurisdiction?

Yes No N/A

I certify that the information I have provided on this form is true and acknowledge that my application for registration and my licence may be refused or cancelled if I have provided any inaccurate information. I understand that, in order to practice as a RN(NP) in Saskatchewan, I am required by law to be registered and hold a current practicing RN(NP) licence with the Saskatchewan Registered Nurses’ Association before I commence employment. I hereby agree to review and practice in accordance with the CNA Code of Ethics, the SRNA Standards and Foundation Competencies and the RN(NP) Standards and Core Competencies.

Signature _____ Date _____

GST #107956237

OFFICE USE ONLY			
	Amount Received	Method of Payment	Date Received
Application Fee \$157.50 (GST included)			
	Date	Registrar’s Signature	Registration Number
Approved for RN(NP) Registration			



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**Credit Card Payment Form
Nurse Practitioner Application**

Last Name _____ Given Name _____ Middle Name _____

Email _____ This email is Home Work

Telephone: Home () _____ Work () _____ Ext _____ Cell () _____

Please charge \$157.50 to my:

Visa

MasterCard

Credit Card Number:

Expiry Date: _____
month/year

Cardholder's Name _____

Signature _____ Date _____



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**Consent Form to Obtain Employment
 Reference Information for Nurse Practitioner**

Return directly to SRNA office

Last Name _____ Given Name _____ Middle Name _____
 Former Name(s) _____
 Home Address _____ City _____
 Province/State _____ Country _____ Postal/Zip Code _____
 Telephone: Home (____) _____ Work (____) _____ Ext ____ Cell (____) _____

I If you have worked as a Nurse Practitioner, complete the following and return to SRNA.
 (If you have never worked as a Nurse Practitioner, go to Section II)

Current/Most Recent Nurse Practitioner Employer (complete address required)

Name of Employer	Start Date
Address	End Date
City	Full Time
Province/State	Part Time
Postal/Zip Code	

Supervisor's Name	Telephone Number	Fax
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Number _____

CONSENT FOR INFORMATION TO BE RELEASED TO THE SRNA

I hereby give consent to my present or past employer for release of information concerning my competency to practise in a nurse practitioner role to the Saskatchewan Registered Nurses' Association, solely for the purpose of assessment of my application for Registered Nurse (Nurse Practitioner) in Saskatchewan.

Signature	Date
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OR II If you have never worked as a Nurse Practitioner, sign and date the following:

I hereby certify that I have never worked as a Nurse Practitioner.

Signature	Date
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**Verification of Nurse Practitioner
 Current/Most Recent
 Registration/Licensure**

A. To be completed by the applicant and forwarded to the regulatory body in the jurisdiction(s) which granted current/most recent nurse practitioner registration.

Last Name _____ Given Name _____ Middle Name _____
 Former Name(s) _____
 Home Address _____ City _____
 Province/State _____ Country _____ Postal/Zip Code _____
 Telephone: Home (____) _____ Work (____) _____ Ext ____ Cell (____) _____
 NP School _____ Location _____ Graduation Year _____
 I first obtained RN(NP) registration in (province/state/country): _____
 I was registered in your jurisdiction as a RN(NP) in (year): _____ and issued Registration Number _____

I HEREBY AUTHORIZE YOU TO COMPLETE THE FOLLOWING:

Signature _____ Date _____

B. To be completed by the regulatory body in the jurisdiction(s) which granted current/most recent nurse practitioner registration and returned directly to the SRNA.

THIS IS TO CERTIFY THAT _____ graduated from (nurse practitioner program and location) _____ and was issued Nurse Practitioner Registration Number _____ on (date) _____ to practice as a Nurse Practitioner. Registration was obtained with _____ without _____ examination. Current registration status is _____ Expiry date _____. If inactive, state date last active _____. Date re-entry/ refresher program completed _____. Is this licence /registration currently encumbered by a discipline order, court order of suspension, alternate dispute resolution agreement, undertaking or mediation agreement? YES NO

Specialty: Primary Care Neonatal Adult Pediatrics Other _____

NAME OF EXAMINATION WRITTEN	PASSING SCORE	NUMBER OF WRITINGS
_____	_____	_____

S E A L

 Signature

 Name & Title

 Date

 Regulatory Body



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**Verification of Nurse Practitioner
Original Registration/Licensure**

A. To be completed by the applicant and forwarded to the regulatory body in the jurisdiction(s) which granted original nurse practitioner registration.

Last Name _____ Given Name _____ Middle Name _____
 Former Name(s) _____
 Home Address _____ City _____
 Province/State _____ Country _____ Postal/Zip Code _____
 Telephone: Home () _____ Work () _____ Ext ____ Cell () _____
 NP School _____ Location _____ Graduation Year _____

I first obtained RN(NP) registration in (province/state/country): _____

I was registered in your jurisdiction as a RN(NP) in (year): _____ and issued Registration Number _____

I HEREBY AUTHORIZE YOU TO COMPLETE THE FOLLOWING:

Signature _____ Date _____

B. To be completed by the regulatory body in the jurisdiction(s) which granted original nurse practitioner registration and returned directly to the SRNA.

THIS IS TO CERTIFY THAT _____ graduated from (nurse practitioner program and location) _____ and was issued Nurse Practitioner Registration Number _____ on (date) _____ to practice as a Nurse Practitioner. Registration was obtained with _____ without _____ examination. Current registration status is _____ Expiry date _____. If inactive, state date last active _____. Date re-entry/ refresher program completed _____. Is this licence /registration currently encumbered by a discipline order, court order of suspension, alternate dispute resolution agreement, undertaking or mediation agreement? YES NO

Specialty: Primary Care Neonatal Adult Pediatrics Other _____

NAME OF EXAMINATION WRITTEN	PASSING SCORE	NUMBER OF WRITINGS
_____	_____	_____

SEAL

Signature

Name & Title

Date

Regulatory Body



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**Request for Nurse Practitioner
Education Transcript**

To be completed by applicant and sent to Nurse Practitioner program

I am applying for nurse practitioner registration in Saskatchewan. A record of my nurse practitioner education program is required. Please bill me for the costs of this service, if any.

Name: _____

Former Name(s): _____

Date of Birth: _____ Year of Graduation: _____

Name & Address of Nurse Practitioner Program: _____

Please forward this request form with an official transcript of nurse practitioner education, along with supporting documentation and course outlines, if available. Further documentation may be requested by SRNA.

Signature: _____ Date: _____

Address: _____

Telephone: _____ Email: _____