



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](mailto:info@srna.org) [www.srna.org](http://www.srna.org)

## Information for Nurse Practitioner Graduates

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: Nurse Practitioner Graduates

This application package is for applicants who have been educated in a nurse practitioner program in a Canadian province/territory but have never licensed as a nurse practitioner.

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

### Documents from Applicant

Send to SRNA (either scan and email, 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.
- **Regulatory Exam Application** and applicable fee (more information provided further in this document).

### 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.

Complete the **Verification of Completion of Nursing Education Program** and **Request for Nurse Practitioner Education Transcript** forms and forward them with fee payment (if applicable) to the school of nursing where you completed your nurse practitioner education. The transcript and verification of completion forms must be forwarded directly to our office from your nurse practitioner education program.

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/communications/pdf/CDSA\\_brochure.pdf](http://www.srna.org/images/stories/pdfs/communications/pdf/CDSA_brochure.pdf)

Upon completion of the CDSA course, request that confirmation of completion be forwarded from SIAST or the University of Saskatchewan to the SRNA directly.

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.

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.

Depending on the Nurse Practitioner Program you have graduated from you will be required to take one of four national regulatory exams:

1. Canadian Nurse Practitioner Exam: Family/All Ages
2. ANCC: Pediatric Nurse Practitioner Exam
3. ANCC: Adult Nurse Practitioner Exam
4. NCC: Neonatal Nurse Practitioner Exam

**Canadian Nurse Practitioner Examination (CNPE)**

The deadline to apply to write the CNPE is two months before the examination date. The 2012 CNPE fee is \$1,321.83 (GST included). Upcoming CNPE dates are:

Examination Date	Deadline to Apply	Writing Center
May 9, 2012	March 9, 2012	Regina, SK
October 17, 2012	August 17, 2012	Regina, SK

A candidate has three opportunities to pass the CNPE.

**Resources to Prepare for the CNPE**

- CNA Bookstore
  - Canadian Nurse Practitioner Examination: Family/All Ages Prep Guide
  - Blueprint for the CNPE: Family/All Ages

- Canadian Nurse Practitioner Core Competency Framework
- CNPE section of the Canadian Nurses Association (CNA) Website
- RN(NP) Standards and Core Competencies, 2003

### **ANCC: Pediatric and Adult Exams**

ANCC exams must be written at approved writing centers. The approved writing center in Saskatchewan is in Saskatoon. For more information regarding dates and other details for these exams please contact the SRNA office by email [exams@srna.org](mailto:exams@srna.org) or by calling 1-800-667-4200 or in Regina 359-4200.

### **Resources to Prepare for the ANCC exams**

- CNA Website: [http://www.cna-aiic.ca/CNA/nursing/npexam/default\\_e.aspx](http://www.cna-aiic.ca/CNA/nursing/npexam/default_e.aspx)

### **Graduate Nurse Practitioner RN(GNP)Licensure**

The SRNA has the capability to register graduate nurse practitioners for the period of time between graduation from a nurse practitioner program and the receipt of regulatory exam results. Graduate nurse practitioners can work in a variety of settings, including primary care and acute care. The RN(GNP) must work collaboratively with another nurse practitioner or physician and has some limitations. The graduate nurse practitioner licence is issued for a maximum period of eight months and can be extended one time (contact SRNA for further information). If you would like to apply for RN(GNP) licensure, please complete and return the enclosed RN(GNP) form. No fee is required. Note: In order to qualify for a RN(GNP) license all requirements except for passing of the regulatory exam must be met (application and fee for exam must be received by the SRNA). Do not commence practice without contacting SRNA to confirm your RN(GNP) licensure.

### **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](http://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:

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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
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 Completion of  
 Nurse Practitioner Education  
 Program**

**A. To be completed by the applicant and forwarded to the Dean/Program Head/Supervisor of your nurse practitioner program.**

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Former Name(s) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_  
 Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_  
 Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext \_\_\_\_ Cell ( ) \_\_\_\_\_  
 School of Nursing \_\_\_\_\_  
 Location \_\_\_\_\_ Graduation Date \_\_\_\_\_

I HEREBY AUTHORIZE YOU TO COMPLETE THE FOLLOWING:

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

**B. To be completed by the Dean/Program Head/Supervisor of your nurse practitioner program and returned directly to the SRNA.**

THIS IS TO CERTIFY THAT \_\_\_\_\_ completed the Nurse  
Name of Graduate  
 Practitioner Education Program on \_\_\_\_\_ and has/will graduate from \_\_\_\_\_  
Date

\_\_\_\_\_  
Nursing Program Location  
 on \_\_\_\_\_  
Date

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Name & Title Date



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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: \_\_\_\_\_



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**Application for Canadian Nurse  
Practitioner Examination (CNPE)**

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Former Last Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

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

Email \_\_\_\_\_ This email is  Home  Work

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Writing Dates (Wednesday)	Application Deadline	Preferred Writing Location	
May 09, 2012	March 09, 2012	<input type="checkbox"/> Regina	<input type="checkbox"/> Out-of-Province Writing Centre _____
October 17, 2012	August 17, 2012	<input type="checkbox"/> Regina	<input type="checkbox"/> Out-of-Province Writing Centre _____

- Send a clear copy of current photo ID with the examination application and fee of \$1,271.88 (GST included).
- Information regarding the location and time of the exam will be emailed to you two weeks before the writing date. Please provide a Canadian address where this information can be mailed (if different from above).

Address \_\_\_\_\_ City \_\_\_\_\_

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

If you have a disability which could affect your performance on the CNPE, special accommodation can be requested by contacting the SRNA at 306-359-4220. This request is subject to approval and must be made at least two (2) months prior to the examination.

Refunds will only be available when notification is provided prior to the examination writing date. The refund amount will be the amount refunded by *Assessment Strategies Inc.* to the SRNA plus GST, less a \$20 administration fee. If a critical circumstance arises and you are not able to attend the examination writing, you must contact the SRNA prior to the writing date or the examination will count as a writing opportunity and you will lose the entire examination fee.

I certify that the information I have provided on this form is true and correct.

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

OFFICE USE ONLY			
GST #107956237	Amount Received	Method of Payment	Date Received
Examination Fee \$1,321.83 (GST included)			
	Refund Amount	Date Request Received	Date of Refund
Refund			



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**Credit Card Payment Form**  
**Canadian Nurse Practitioner Examination**

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Email \_\_\_\_\_ This email is  Home  Work

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Please charge \$1,321.83 to my:

Visa

MasterCard

Credit Card Number:

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Expiry Date: \_\_\_\_\_  
month/year

Cardholder's Name \_\_\_\_\_

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



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**Application for Graduate  
 Nurse Practitioner RN(GNP) Licence**

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Former Last Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

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

Email \_\_\_\_\_ This email is  Home  Work

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Specialty:  Primary Care  Neonatal  Other \_\_\_\_\_

Place of Primary Employment		
Regional Health Authority	Facility	Location

I certify that the information I have provided on this form is true and correct. I understand that I must practise under the supervision of a registered nurse (nurse practitioner) or physician in good standing and, in order to practise as a registered nurse (graduate nurse practitioner) in Saskatchewan, I am required by law to be registered and hold a RN(GNP) licence with the Saskatchewan Registered Nurses' Association before I commence employment. I hereby agree to review and practice in accordance with the RN(NP) Standards and Core Competencies.

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

Requested effective date of RN(GNP) licence (all requirements must be received) \_\_\_\_\_

This is a temporary, eight-month licence with one possible eight-month extension. Once you have passed the licensure examination, the RN(GNP) licence is no longer available.

OFFICE USE ONLY				
	Effective Date	Expiry Date	Registrar's Signature	Registration Number
Approved for GN Licence				