



Saskatchewan Registered Nurses' Association
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 Regina, SK S4T 7X5 Canada
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 Email: info@srna.org www.srna.org

**Verification of
 Current/Most Recent
 Registration/Licensure**

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

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 Year _____
 I first obtained RN registration in (province/state/country): _____
 I was registered in your jurisdiction 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 deemed you eligible for/granted current/most recent nurse registration and returned directly to the SRNA.

THIS IS TO CERTIFY THAT _____ graduated from (school of nursing and location) _____ and was issued Registration Number _____ on (date) _____ to practice as a General Registered Nurse. 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

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

S E A L

 Signature

 Name & Title Date

 Regulatory Body