

**Consent to Release Registration
Information**

Return Directly to SRNA Office

If you have never practised as a RN in Canada, please complete this form.

Last Name _____ Given Name _____ Middle Name _____

Email _____ This email is Home Work

1. Please list all the Canadian nursing (RN) jurisdictions in which you have applied for licensure and the outcome of the application:

2. Has your application ever been denied in another Canadian jurisdiction? Yes No
If so, please advise which jurisdiction and provide an explanation.

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 practise nursing in Saskatchewan, I am required by law to be registered and hold a current practicing licence with the *Saskatchewan Registered Nurses' Association* before I commence employment. I hereby agree to review and practise in accordance with the *CNA Code of Ethics* and *SRNA Standards and Foundation Competencies*.

Signature _____ Date _____

Consent to Release Registration information to the SRNA

I HEREBY GIVE CONSENT to any Canadian RN regulatory body to release any information about my application for registration in that jurisdiction to the Saskatchewan Registered Nurses' Association, solely for the purpose of assessment of my application for nurse registration in Saskatchewan.

Signature _____ Date _____