

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

(Complete and return to SRNA)

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  Adult  Pediatric  Other \_\_\_\_\_

| Place of Primary Employment                    |  |
|------------------------------------------------|--|
| <b>Regional Health Authority</b>               |  |
| <b>Facility</b>                                |  |
| <b>Location</b>                                |  |
| <b>Supervisors Name: (RN(NP) or Physician)</b> |  |
| <b>Supervisors email and phone number</b>      |  |

- Have you ever previously applied for registration with the Saskatchewan Registered Nurses' Association?  Yes  No
- Have you at any time been officially reprimanded, suspended, expelled or officially asked to withdraw from any program of study?  Yes  No
- Are you currently the subject of a discipline hearing, or is your registration currently encumbered with conditions or restrictions which could result in the encumbrance of your nursing registration/licensure by a registration/licensing authority for nursing in any province, territory, state or country?  Yes  No
- Have you ever had your registration denied or encumbered in any way (revoked, suspended, surrendered, restricted, subjected to individual terms and conditions) by a registration/licensing authority for nursing in any province, territory, state or country?  Yes  No
- Have you ever had your registration/licence encumbered in any way (revoked, suspended, surrendered, restricted, subjected to individual terms and conditions) by a registration/licensing authority of another occupation/profession (other than nursing) in any province, territory, state or country?  Yes  No
- Have you been charged or convicted of an offence under the *Criminal Code*, the *Food and Drugs Act*, the *Controlled Drugs and Substances Act*, or any other similar legislation in any other province, territory, state or country?  Yes  No

**If you have answered "Yes" to any of questions 1-6, attach a dated & signed letter of explanation.**

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.

| <b>OFFICE USE ONLY</b>  |                       |                    |                              |                            |
|-------------------------|-----------------------|--------------------|------------------------------|----------------------------|
|                         | <b>Effective Date</b> | <b>Expiry Date</b> | <b>Registrar's Signature</b> | <b>Registration Number</b> |
| Approved for GN Licence |                       |                    |                              |                            |