

**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
_____	_____	_____

S E A L

 Signature

 Name & Title

 Date

 Regulatory Body