

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

(Complete and Return to SRNA)



Saskatchewan Registered
Nurses Association
2066 Retallack Street
Regina, Saskatchewan
S4T 7X5

Last Name _____ First 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 (____) _____

- Complete this application and submit the fee of \$136.50 (GST included)
- The exam provider will contact you via email with further details
- You must pay for your exam directly to the exam provider

If you have a disability which could affect your performance on the CNPE, special accommodations can be requested by contacting the SRNA at 306-359-4200. This request is subject to approval and must be made at least one (1) month prior to the exam.

Information about the exam can be found at www.srna.org.

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

Signature _____ Date _____