

**Application for Assessment
Registered Nurse (Nurse Practitioner)
RN(NP)**

(Complete and return to SRNA)

Last Name _____ Given Name _____ Middle Name _____

Former Last Name(s) _____ SRNA Registration Number _____

Home Address _____ City _____

Province/State _____ Country _____ Postal/Zip Code _____

Email _____ This email is Home Work

Telephone: Home (____) _____ Work (____) _____ Ext ____ Cell (____) _____

What specialty are you applying for? Primary Care Other _____

Formal Nurse Practitioner Education

Name and Location of Each Nurse Practitioner Program	Language of Instruction	Date Entered y/m	Date Graduated y/m	Credential Received
				<input type="checkbox"/> Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
				<input type="checkbox"/> Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
				<input type="checkbox"/> Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate

Have you ever been licenced or practised as a RN(NP) or RN(GNP) Yes No

If yes, please provide the following additional information:

	Province/Country
Where did you first obtain registration as a RN(NP)?	
Where were you most recently registered and practising as a RN(NP)?	

Have you taken a nurse practitioner re-entry/refreshers program in the last 3 years? Yes No

	Date Completed	Name of Program	Province/Country
Nurse Practitioner Re-entry/ Refresher Program			

RN(NP) Employment History

(If you have had more than one employer within the dates indicated, fill in the name of your primary employer only, but include the total and clinical RN(NP) hours worked at all employers within those dates.)

Year (do not change dates)	Place of Primary Employment		Total Hours Per Year	Clinical Hours Per Year
	Facility	Location		
2018 Dec 01 – 2019 Nov 30				
2017 Dec 01 – 2018 Nov 30				
2016 Dec 01 – 2017 Nov 30				

If you were previously licenced as a RN(NP), have you fulfilled the RN(NP) continuing competence requirements in your jurisdiction?

Yes No N/A

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 practice as a RN(NP) in Saskatchewan, I am required by law to be registered and hold a current practicing RN(NP) licence with the Saskatchewan Registered Nurses' Association before I commence employment. I hereby agree to review and practice in accordance with the CNA Code of Ethics, the SRNA Standards and Foundation Competencies and the RN(NP) Standards and Core Competencies.

Signature _____ Date _____

GST #107956237

OFFICE USE ONLY			
	Amount Received	Method of Payment	Date Received
Application Fee \$157.50 (GST included)			
	Date	Registrar's Signature	Registration Number
Approved for RN(NP) Registration			