



Registered Nurses Association of the Northwest Territories and Nunavut

P.O. Box 2757, Yellowknife, NT Phone: 867 873 2745 x.0 Fax: 867 873 2336

Temporary Certificate To Active Practicing RN Application

IDENTIFICATION:

Full legal name: (Last name, First Name, Middle Name)	Maiden or Previous Name:
Date of Birth: Day: _____ Month: _____ Year: _____	Mother's Maiden Name:
Street Address:	City:
Province/Territory:	Postal Code:
Country:	Telephone Number: ()
Email:	

In order to eligible for Active Practicing membership, Temporary Certificate holders must provide the following:

1. Evidence of successful completion of requirements for registration

- Successful Writing of NCLEX RN Examination

Date: _____ Location: _____

OR

- Successful completion of Nursing Refresher Program

Date: _____ Location: _____

*Must provide official transcript showing completion of program

2. Registration application for current year

- Completion of RNANT/NU Annual Registration Form



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3. Satisfactory Employer Reference

- Reference must be from a NT or NU employer during the period when the Temporary Certificate was held. Must be sent directly to the RNANT/NU by the employer

4. Fee for Change of Status - Temporary Certificate to Active RN

- Payment of Temporary Certificate to Active Practicing RN fee as per current fee schedule. See payment authorization form.

I hereby certify the information I have provided is true and acknowledge that my active registration could be refused, suspended or cancelled if I have provided any inaccurate information.

Signature: _____ **Date:** _____