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E-mail: carna@nurses.ab.ca

For office use only

Stakeholder /
Registration #: _____
Date Received: _____

Request for Nurse Practitioner Transcripts

Name	_____	_____	_____
	Family Name	First Name	Middle name
Former Name(s)	_____	_____	
	Maiden Name	Other Previous Names	
Date of Birth	____/____/____	Graduation Date	____/____/____
	Day Month Year		Day Month Year
Faculty/School of Nursing	_____		
School of Nursing Address	_____		
	Address	City	Province Postal Code
<i>I hereby give consent for you to provide an official transcript of my Nurse Practitioner education directly to the College and Association of Registered Nurses of Alberta (CARNA).</i>			
_____	_____		
Date	Signature of Applicant		

Please Note that Transcripts must:

- include the applicant's name so that it may be matched to the file at the CARNA office;
- be attached to this form, sealed in an official envelope and mailed directly from the educational institution to CARNA at the address provided above; and
- include:
 - the degree or diploma awarded;
 - a signature of an authorized official;
 - official seal of the institute.