

**Application for Canadian Nurse
Practitioner Examination (CNPE)**
(Complete and Return to SRNA)

Last Name _____ Given 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 () _____

Writing Dates (Wednesday)	Application Deadline	Preferred Writing Location	
May 2, 2018	March 1, 2018	<input type="checkbox"/> Regina	<input type="checkbox"/> Out-of-Province Writing Centre _____
October 10, 2018	August 2, 2018	<input type="checkbox"/> Regina	<input type="checkbox"/> Out-of-Province Writing Centre _____

- Send a clear copy of current photo ID with the examination application and fee of \$1407.42 (GST included).
- Information regarding the location and time of the exam will be emailed to you two weeks before the writing date. Please provide a Canadian address where this information can be mailed (if different from above).

Address _____ City _____

Province/State _____ Country _____ Postal/Zip Code _____

If you have a disability which could affect your performance on the CNPE, special accommodation can be requested by contacting the SRNA at 306-359-4241. This request is subject to approval and must be made at least two (2) months prior to the examination.

Refunds will only be available when notification is provided prior to the examination writing date. The refund amount will be the amount refunded by *Assessment Strategies Inc.* to the SRNA plus GST, less a \$20 administration fee. If a critical circumstance arises and you are not able to attend the examination writing, you must contact the SRNA prior to the writing date or the examination will count as a writing opportunity and you will lose the entire examination fee.

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

Signature _____ Date _____

OFFICE USE ONLY			
GST #107956237	Amount Received	Method of Payment	Date Received
Examination Fee \$1407.42 (GST included)			
	Refund Amount	Date Request Received	Date of Refund
Refund			