

Last Name _____ Given Name _____ Middle Name(s) _____

Former Name(s) _____

Date of Birth (dd/mm/yyyy) _____ Female Male Primary Language _____

Home Address _____ City _____

Province/State _____ Country _____ Postal/Zip Code _____

Email _____ This email is Home Work

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

Accommodation: Do you have a disability that could affect exam performance? Yes No

If Yes, please download the *Testing Accommodations Request* package from the SRNA website, available on the *Upload & Download Documents* tab.

Attestation

As a member of the SRNA you automatically become a member of the *Canadian Nurses Association (CNA)* and as a result the SRNA provides your name and home address to the CNA. The SRNA also provides the following information to:

- Provincial Health Care Provider Registry (PRS) – name, registration number and status, category of practice.
- Canadian Institute of Health Information (CIHI) – registration number and status, education and employment information.
* Only aggregate data is released in CIHI publications.
- The SRNA will disclose personal information without notice only if required to do so by law or if in good faith believes that such action is necessary to conform to obligations imposed by law or statutes.
- Applicants – Applications without the accompanying fees will not be assessed.

Certification

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 practise nursing in Saskatchewan, I am required by law to be registered and hold a current practicing licence with the *Saskatchewan Registered Nurses' Association* before I commence employment. I hereby agree to review and practise in accordance with the *CNA Code of Ethics* and *SRNA Standards and Foundation Competencies*.

Signature _____ Date _____