

Competency Assessment Declaration

Return Directly to SRNA Office

Last Name _____ Given Name _____ Middle Name _____

Email _____ This email is Home Work

1. Have you applied to another Canadian province/territory for RN registration? Yes No
Province(s)/Territory: _____
If yes, provide an explanation: _____

2. Have you been referred for a competency based assessment in another Canadian province/territory? Yes No
3. Have you completed a competency based assessment in another Canadian province/territory? If yes, complete the consent below and return to SRNA. Yes No

I certify that the information I have provided on this form is true and acknowledge that my application for registration and my license 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 license 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 _____

Consent to Release Competency Assessment Report to the SRNA

Name of Regulatory Body in Canada _____

Province/Territory _____

I HEREBY GIVE CONSENT to the release of the competency assessment report to the Saskatchewan Registered Nurses' Association, solely for the purpose of assessment of my application for nurse registration in Saskatchewan.

Signature _____ Date _____