Saskatchewan Registered
Nurses' Association
2066 Retallack Street
Regina, Saskatchewan
S4T 7X5

Consent to Provide Registered Nurse (Nurse Practitioner) Employer Address

In addition to completing the RN(NP) Initial Membership Form, please provide the agency name and address of your practice location. This information is required by Sask Health, Saskatchewan Disease Control Laboratory (formerly the Provincial Laboratory).

Saskatchewan Health will use the information for the functions of prescribing, ordering of tests and provisional codes. This distribution may change from time to time on a need to know basis.

SRNA forwards this information as well as your RN(NP) number, name, specialty and initial licensure date.

If at this time if you do not have an RN(NP) employer **or** your RN(NP) employer changes, please advise the Saskatchewan Disease Control Laboratory, jromanuik@health.gov.sk.ca or contact Janette Romanuik at (306)-787-8636 with your current employer address.

Practice Location _____
Facility/Agency

_____
Mailing Address City/Town Postal Code

I authorize SRNA to provide the above information to Sask Health, Saskatchewan Disease Control Laboratory (formerly the Provincial Laboratory).

_____ _____
Signature Date

_____
Printed Name