

**Verification of Original  
 Registration/Licensure**

**A. To be completed by the applicant and forwarded to the regulatory body in the jurisdiction(s) which deemed you eligible for/granted original nurse registration.**

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Former Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

School of Nursing \_\_\_\_\_ Location \_\_\_\_\_ Graduation Year \_\_\_\_\_

I first obtained RN registration in (province/state/country): \_\_\_\_\_

I was registered in your jurisdiction in (year): \_\_\_\_\_ and issued Registration Number \_\_\_\_\_

I HEREBY AUTHORIZE YOU TO COMPLETE THE FOLLOWING:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**B. To be completed by the regulatory body in the jurisdiction(s) which deemed you eligible for/granted original nurse registration and returned directly to the SRNA.**

THIS IS TO CERTIFY THAT \_\_\_\_\_ graduated from (school of nursing and location) \_\_\_\_\_ and was issued Registration Number \_\_\_\_\_ on (date) \_\_\_\_\_ to practice as a General Registered Nurse.

Registration was obtained with \_\_\_\_ without \_\_\_\_ examination. Current registration status is \_\_\_\_\_

Expiry date \_\_\_\_\_. If inactive, state date last active \_\_\_\_\_. Date re-entry/ refresher program completed \_\_\_\_\_.

Is this licence /registration currently encumbered by a discipline order, court order of suspension, alternate dispute resolution agreement, undertaking or mediation agreement?

YES  NO

NAME OF EXAMINATION WRITTEN	PASSING SCORE	NUMBER OF WRITINGS
_____	_____	_____

<p style="text-align: center;">S E A L</p>	<p>_____</p> <p>Signature</p> <hr/> <p>Name &amp; Title</p> <p style="text-align: right;">Date</p> <hr/> <p>Regulatory Body</p>
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