

**Verification of Scheduled  
 RN(NP) Examination Writing**

**A. To be completed by the applicant and forwarded to the regulatory body in the province/ territory where you obtained your NP nursing education, or where your international transcripts were approved as equivalent.**

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 Date \_\_\_\_\_

I HEREBY AUTHORIZE YOU TO COMPLETE THE FOLLOWING:

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

**B. To be completed by the regulatory body in the province/territory where the applicant obtained NP nursing education, or where the international transcripts were approved as equivalent, and returned directly to the SRNA.**

THIS IS TO CERTIFY THAT \_\_\_\_\_ is writing/has written the  
 Name of Applicant

Canadian Nurse Practitioner Examination or \_\_\_\_\_  
 Name of Other Examination

on \_\_\_\_\_ Date. First writing  Yes  No Examination in English  Yes  No

\_\_\_\_\_  
 Signature

S E A L

\_\_\_\_\_  
 Name & Title Date

\_\_\_\_\_  
 Regulatory Body