THE ASSOCIATION OF
REGISTERED NURSES
OF PRINCE EDWARD ISLAND

Unit 6 - 161 Maypoint Rd, Charlottetown PE C1E 1X6
Tel: 902-368-3764 Fax: 902-628-1430 Email: info@arnpei.ca

Instructions for Applying for Registration
Applicants Previously Registered in Canada

The following steps/procedures must be followed when applying for registration with the Association of Registered Nurses of Prince Edward Island (ARNPEI).

PART I - Complete and return to ARNPEI at the above address with

- the non-refundable processing fee of $40 in Canadian funds
- copy of birth certificate
- copy of change of name certificates eg. marriage/divorce certificates.

PART II - Forward to the nurse registering authority where you were originally registered, i.e. upon completion of your nursing education program, and request them to complete and return it directly to ARNPEI.

PART III - Forward to the nurse registering body where you are currently registered (if different from Part II) and request them to complete and return it directly to ARNPEI.

PART IV - Forward to your last employing agency(s) and request them to complete and return it directly to ARNPEI. You must have worked a minimum of 1125 hours of paid nursing employment within the previous five years or have graduated within the previous five years.

PART V - A criminal record check must be submitted from the Identification Data Bank of the Canadian Police Information Agency (CPIC). This information is also available through local RCMP detachments and International Fingerprinting Services Canada Ltd. A criminal record check must be obtained from the police agency in each jurisdiction in which you have resided in the previous two years. Criminal record checks must have been issued within the previous month. You must send the original copy of the criminal record check(s) to ARNPEI.

Upon receipt of the above, we will notify you as to your eligibility for registration.

THE ASSOCIATION OF
REGISTERED NURSES
OF PRINCE EDWARD ISLAND

Unit 6 - 161 Maypoint Rd, Charlottetown PE C1E 1X6
Tel: 902-368-3764 Fax: 902-628-1430 Email: info@arnpei.ca

Application for Registration

Part I - To be completed by the applicant and returned to the Association of Registered Nurses of PEI.

Name _____
Surname Given Names Birth/Former Name(s)

Address _____

Telephone _____ Email _____

Date of Birth _____ Country of Birth _____ Gender ☐ Female ☐ Male
Month/Day/Year

School of Nursing & Location _____

Course Started: _____ Course Completed: _____
Month/Year Month/Year

Nursing Experience Since Graduation: (List three most recent employers)

Name and Address of Employer Position Dates

_____

_____

_____

Have you ever had any conditions placed on your registration or had your license suspended, cancelled, revoked or terminated for reasons of incompetence or misconduct? ☐ Yes ☐ No

Have you ever been disciplined by an employer or a registration or licensing authority? ☐ Yes ☐ No

By signing this application form:

I authorize ARNPEI to carry out the procedures necessary for the assessment of my eligibility for registration. This includes making copies of my application documents for the purpose of assessment and/or contacting the institutions or authorities stated on this application to verify the authenticity of my documents and the information provided regarding the educational institutions, regulatory bodies, and employers listed in my application.

I declare that all of the information I have provided on this form is complete and truthful.

I understand that ARNPEI will immediately:

1. stop the assessment of my application and
2. that my application for assessment will be cancelled, registration will be refused, and I will be banned from applying to the ARNPEI in the future if:
    a. I have provided any inaccurate information or
    b. I have omitted required information; or
    c. the ARNPEI determines that any documents submitted during the application or assessment process have been altered, tampered with or forged.

This applies to all documents received during the application process, including verifications of registration and written correspondence. ARNPEI will not issue a refund and will retain all documents submitted with my application.

I understand that in order to practice nursing in Prince Edward Island, I am required by law to hold a license with ARNPEI before I commence employment, including any orientation.

I understand that the Registrar may destroy the application and supporting documentation of an applicant if the applicant has not completed the application within two years of the date the applicant submitted to the Registrar the completed application form.

I have read and understand the above and the information on this form and agree to the terms stated herein.

_____ _____

Signature of Applicant Date

FOR OFFICE USE ONLY

Processing Fee ☐ Original Registration ☐ Current Registration ☐ Employment Record ☐ ID ☐ CRC ☐

Reg No: _____ Date: _____ Endorsement ☐ Examination ☐

Signature of Coordinator of Regulatory Services: _____

THE ASSOCIATION OF
REGISTERED NURSES
OF PRINCE EDWARD ISLAND

Unit 6 - 161 Maypoint Rd, Charlottetown PE C1E 1X6
Tel: 902-368-3764 Fax: 902-628-1430 Email: info@arnpei.ca

Application for Registration

Part II - Verification of Original Nurse Registration and Examination Scores
Section A - Complete Section A and forward to the registering/licensing authority who issued your **ORIGINAL** registration/licensure. Request they verify your status by completing Section B.

Name _____
Surname Given Names Birth/Former Names(s)

Address _____

Date of Birth _____ Telephone: _____ Email: _____
Month/Day/Year

School of Nursing & Location _____

Year of Graduation _____ Year registered in original jurisdiction _____ Registration Number _____

Signature _____ Date _____

Section B - To be completed by the registering/licensing authority issuing **ORIGINAL** registration/licensure and returned directly to the Association of Registered Nurses of Prince Edward Island.

Acting on behalf of the _____
Name of Original Registering Authority

I do hereby certify that _____
Surname Given Names Birth/Former Names

is a graduate of _____
School of Nursing Location Type of Program

and that the nursing education program was an approved program at the time of completion. The original registration

certificate/license as a general registered nurse was issued by this jurisdiction on _____

Registration number _____ Registration was obtained by examination _____ endorsement _____

Registration status _____ Expiry date of registration _____

Is/has this registration/license ever been suspended, had conditions imposed, revoked or under investigation? (If yes, please attach an explanation.) YES/NO _____ If yes, has this registration/license been reinstated? YES/NO _____

Examination written _____ Number of writings _____

Date Exam Passed _____ Passing score _____

Signature _____ Date _____

THE ASSOCIATION OF
REGISTERED NURSES
OF PRINCE EDWARD ISLAND

Unit 6 - 161 Maypoint Rd, Charlottetown PE C1E 1X6
Tel: 902-368-3764 Fax: 902-628-1430 Email: info@arnpei.ca

Application for Registration

Part III - Verification of Current Nurse Registration

Section A - Complete Section A and forward to the registering/licensing authority who issued your **CURRENT** registration/licensure. Request they verify your status by completing Section B.

Name _____
Surname Given Names Birth/Former Names(s)

Address _____

Date of Birth _____ Telephone: _____ Email: _____
Month/Day/Year

School of Nursing & Location _____

Year of Graduation _____ Year registered in your jurisdiction _____ Registration Number _____

Signature _____ Date _____

Section B - To be completed by the registering/licensing authority issuing **CURRENT** registration/licensure and returned directly to the Association of Registered Nurses of Prince Edward Island.

Acting on behalf of the _____
Name of Registering Authority

I do hereby certify that _____
Surname Given Names Birth/Former Names

a graduate of _____
School of Nursing Location

was issued a certificate of registration as a registered general nurse by this jurisdiction on _____
Month/Day/Year

Registration Number _____ Registration was obtained by examination _____ endorsement _____

Registration status _____ Expiry date of registration _____

Is/has this registration/license ever been suspended, had conditions imposed, revoked or under investigation? (If yes, please attach an explanation.) YES/NO _____ If yes, has this registration/license been reinstated? YES/NO _____

Signature _____ Date _____

THE ASSOCIATION OF
REGISTERED NURSES
OF PRINCE EDWARD ISLAND

Unit 6 - 161 Maypoint Rd, Charlottetown PE C1E 1X6
Tel: 902-368-3764 Fax: 902-628-1430 Email: info@arnpei.ca

Application for Registration

Part IV - Statement from Current/Most Recent Employer
Section A - Complete Section A and forward form to your current/most recent employer requesting completion of Section B.

Name: _____
Surname Given Names Birth/Former Name(s)

Employee #: _____ Telephone #/Email Address: _____

Signature: _____ Date: _____

Section B - The above named applicant is applying for registration and licensure with the Association of Registered Nurses of Prince Edward Island. Please complete the following statements in relation to the applicant's **employment as a registered nurse**. If you are aware of a **professional, ethical and/or health problem(s)** that would indicate a license should not be granted, please state it. Please return the completed form to the Association of Registered Nurses of PEI. **A response by mail or email is acceptable**.

This is to verify that _____
Name of Employee

was employed by _____
Name of Organization

_____
Mailing Address

between _____ and _____
Month/Day/Year Month/Day/Year

Employment Status: _____
(indicate one) Full Time Part Time

Position: _____ Total Hours Practised: _____

Eligible for Re-Hire (If "No", please explain): _____

General Performance/Comments/Concerns:

_____
Name Title Telephone #/Email address

_____
Signature Date

THE ASSOCIATION OF
REGISTERED NURSES
OF PRINCE EDWARD ISLAND

Unit 6 - 161 Maypoint Rd, Charlottetown PE C1E 1X6
Tel: 902-368-3764 Fax: 902-628-1430 Email: info@arnpei.ca

VISA/Mastercard Payment Authorization Form

Name as it appears on credit card

Name as it appears on application if different than the name on the credit card

Phone number where the card holder can be reached

Email address

Please indicate which fee you are paying for

Please bill my **VISA**
 MASTERCARD
in the amount of $ _____

Card Number _____ Expiry Date _____

Signature _____ Date _____

Please note: The credit card information provided on this form will not be retained. Upon authorization of the payment request all credit card information will be destroyed.

Mar 2017