



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 Registered Nurse License Renewal
For Members Previously Registered in PEI**

Dear Member:

In order to renew your license to practice nursing in Prince Edward Island you must complete the following steps:

- Ask the Association/College where you are currently licensed to complete the attached verification of current registration and forward it directly to ARNPEI.
- Ask your employer to complete and forward the attached record of employment form.
- 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.

We will be in touch with you upon receipt of these documents.



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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 _____



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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



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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 _____