



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 Endorsement as a Nurse Practitioner in Prince Edward Island**

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

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

PART II - Forward to the nurse registering authority where you established original registration as a Nurse Practitioner, i.e. upon completion of your nursing education program, and request them to complete and return it directly to ARNPEI. The registering body may ask you to pay a fee for this service.

PART III - Forward to the nurse registering body where you are currently registered as a Nurse Practitioner (if different from Part II) and request them to complete and return it directly to ARNPEI. The registering body may ask you to pay a fee for this service.

PART IV - Forward to the school of nursing where you completed your Nurse Practitioner educational program and request them to complete and return it directly to ARNPEI. The school of nursing may ask you to pay a fee for this service.

2. Request your last employing agency(s) to confirm the amount of time you worked there on the enclosed "Statement from Current/Most Recent Employer" form. You must have worked a minimum of 1800 hours of paid Nurse Practitioner employment within the previous three years or have graduated from an approved Nurse Practitioner educational program within the previous three years.

Upon receipt of all of the above, we will notify you as to your eligibility for endorsement as a Nurse Practitioner. Please note that registration and current licensure as a Registered Nurse is mandatory before your Registered Nurse license can be endorsed to practice as a Nurse Practitioner in Prince Edward Island.

Enclosures: 4 Part Application Form  
Statement from Current/Most Recent Employer Form

**Association of Registered Nurses of Prince Edward Island**  
**Application for Endorsement as a Nurse Practitioner in Prince Edward Island**

**Part I - To be completed by the applicant and returned to the Association of Registered Nurses of Prince Edward Island.**

Name \_\_\_\_\_  
Surname                                      Given Names                                      Birth/Former Name(s)

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Nurse Practitioner Education \_\_\_\_\_  
School of Nursing                                      Location

Course Started: \_\_\_\_\_ Course Completed: \_\_\_\_\_  
Month/Day/Year                                      Month/Day/Year

Focus of Study (e.g. PHC, family all ages, adult, pediatric etc.) \_\_\_\_\_

Nurse Practitioner Employment:

Name and Address of Employer	Position	Dates - From... To... Month/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nurse Practitioners in Prince Edward Island have the authority to prescribe Controlled Drugs and Substances (CDS). Please indicate whether your NP program included theory on Controlled Drugs and Substances.  Yes  No

If no, have you completed an ARNPEI approved theory course on CDS?  Yes  No

ARNPEI Approved Courses include:

1. Athabasca University – Prescription and Management of Controlled Drugs and Substance
2. Council of Ontario University Programs in Nursing (COUPN) – Continuing Education for Nurse Practitioners Prescribing Narcotics and Controlled Substances
3. Saskatchewan Polytechnic – CDS Module for RN(NPs)

If yes, please specify which course and submit proof of successful completion. \_\_\_\_\_

Have you ever had any conditions placed on your registration or had your Nurse Practitioner 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

Have you ever been convicted of an indictable offence for which you have not received a pardon?  Yes  No

I declare the above statements to be true. \_\_\_\_\_  
Date                                      Signature

FOR OFFICE USE ONLY

Original Registration                       Current Registration                       Transcript                       Employment Record

**Association of Registered Nurses of Prince Edward Island**  
**Application for Endorsement as a Nurse Practitioner in Prince Edward Island**

**Part II - Section A:** To be completed by the applicant and forwarded to the jurisdiction where registration as a nurse practitioner was originally established.

Name \_\_\_\_\_  
Surname Given Names Birth/Former Names(s)

Address \_\_\_\_\_

Nurse Practitioner Education Program & Location \_\_\_\_\_

Year of N.P. graduation \_\_\_\_\_ Year registered/licensed as an N.P. in original jurisdiction \_\_\_\_\_ N.P. registration no. \_\_\_\_\_

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

**Section B:** To be completed by the designated authority that granted nurse practitioner registration and licensure. Please return completed form to ARNPEI at the address below.

Acting on behalf of the \_\_\_\_\_  
Name of Original Registering Authority

I do hereby certify that \_\_\_\_\_  
Surname Given Names Birth/Former Names Year of Birth

is a graduate of \_\_\_\_\_  
Nurse Practitioner Education Program Location

and that the Nurse Practitioner education program was an approved program at the time of completion.

Focus of Study (e.g. PHC, family all ages, adult, pediatric etc.) \_\_\_\_\_

The original registration certificate/license as a Nurse Practitioner was issued by this jurisdiction on \_\_\_\_\_  
Month/Day/Year

N.P. registration number \_\_\_\_\_ Registration/licensure was obtained by examination \_\_\_\_\_ endorsement \_\_\_\_\_

N.P. registration/licensure status \_\_\_\_\_ Expiry date of registration/licensure \_\_\_\_\_

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 \_\_\_\_\_

Registration/Licensure Examination:

Name of Exam	Date Written	Passing Score/Results
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If the examination has been written more than three times, please indicate on a separate sheet.

SEAL Date \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Name \_\_\_\_\_

Registering Authority mailing address \_\_\_\_\_ Email \_\_\_\_\_

**Association of Registered Nurses of Prince Edward Island**  
**Application for Endorsement as a Nurse Practitioner in Prince Edward Island**

**Part III - Section A:** To be completed by the applicant and forwarded to the jurisdiction where registration and licensure as a nurse practitioner was established most recently.

Name \_\_\_\_\_  
Surname Given Names Birth/Former Names(s)

Address \_\_\_\_\_

Nurse Practitioner Education Program & Location \_\_\_\_\_

Year of N.P. graduation \_\_\_\_\_ Year registered/licensed as an N.P. in original jurisdiction \_\_\_\_\_ N.P. registration no. \_\_\_\_\_

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

**Section B:** To be completed by the designated authority that granted nurse practitioner registration and licensure. Please return completed form to ARNPEI at the address below.

Acting on behalf of the \_\_\_\_\_  
Name of Registering Authority

I do hereby certify that \_\_\_\_\_  
Surname Given Names Birth/Former Names Year of Birth

a graduate of \_\_\_\_\_  
Nurse Practitioner Education Program Location

was issued a certificate of registration as a Nurse Practitioner by this jurisdiction on \_\_\_\_\_  
Month/Day/Year

N.P. registration number \_\_\_\_\_ Registration/licensure was obtained by examination \_\_\_\_\_ endorsement \_\_\_\_\_

N.P. registration/licensure status \_\_\_\_\_ Expiry date of registration/licensure \_\_\_\_\_

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 \_\_\_\_\_

SEAL Date \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_  
Registering Authority mailing address Email

**Association of Registered Nurses of Prince Edward Island**  
**Application for Endorsement as a Nurse Practitioner in Prince Edward Island**

**Part IV - Section A: For the Applicant**

The applicant will complete Section A and then forward to the school of nursing for verification of nurse practitioner education program.

I, \_\_\_\_\_  
Given names (please print)    Surname    Birth/former name(s)

graduated from the \_\_\_\_\_ nurse practitioner education program  
School

on \_\_\_\_\_.

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

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**Section B: Verification of Nurse Practitioner Education Program**

To be completed by the designated authority that granted nurse practitioner education program. The form must be sent directly from the designated authority to ARNPEI at the address below.

This is to certify that the above-named applicant was admitted to \_\_\_\_\_.  
School/Institute

nurse practitioner education program on \_\_\_\_\_ and completed the program on \_\_\_\_\_.  
month/day/year    month/day/year

The focus of study was (please specify) \_\_\_\_\_. The length of the program was \_\_\_\_\_ months.

The number of theory hours were \_\_\_\_\_. The number of clinical hours were \_\_\_\_\_.

At the time the applicant completed the program, it was officially approved by \_\_\_\_\_.  
Regulating/accrediting authority

**An official transcript of marks is enclosed.**

Date \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_  
(Please Print)

**S E A L**

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**Association of Registered Nurses of Prince Edward Island**  
**Statement from Current/Most Recent Employer**

**Section A**

**Applicant:** Complete Section A and forward form to your current/most recent employer as a Nurse Practitioner requesting completion of Section B.

Name \_\_\_\_\_  
Surname Given Names Birth/Former Name(s)

Employee # \_\_\_\_\_ Telephone #/E-mail Address \_\_\_\_\_

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

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**Section B**

**EMPLOYER:** The above named applicant is applying for endorsement as a Nurse Practitioner with the Association of Registered Nurses of Prince Edward Island. Please complete the following statements in relation to the applicant's **employment as a Nurse Practitioner**. If you are aware of a **professional, ethical and/or health problem(s)** that would indicate an endorsement should not be granted, please state it. Please return the completed form to the Association of Registered Nurses of Prince Edward Island (ARNPEI) at the address noted below. **A faxed response is acceptable.**

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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: \_\_\_\_\_ Position: \_\_\_\_\_  
(indicate one) full time/part time

Total hours practiced within the previous three years \_\_\_\_\_ Eligible for Re-Hire (If "No", please explain) \_\_\_\_\_

General Performance/Comments/Concerns:

\_\_\_\_\_  
Signature Name (please print)

\_\_\_\_\_  
Date Telephone #/Email address Title