



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 \_\_\_\_\_

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**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: \_\_\_\_\_

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**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.**

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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: \_\_\_\_\_  
(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