



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.
- Submit a current criminal record check through CSI Screening. Log on to www.csiscreening.com, complete the Canadian Criminal Record Check and indicate “ARNPEI – Association of Registered Nurses of PEI” as the company. Criminal record checks are valid for six months from the date of issue. A vulnerable sector check is required. If you have resided outside of Canada within the previous two years a USA Criminal Check and/or International Criminal Check is also required.

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