



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 for
New Graduates of Canadian Nursing Education Programs outside of PEI**

1. Complete the *Application for Registration in Prince Edward Island* and return to ARNPEI with:
 - the non-refundable application fee of \$40 in Canadian funds
 - copy of birth certificate
 - copy of change of name certificates e.g. marriage/divorce certificates
 - copy of government-issued identification with your photo on it (such as a photocopy of your passport photo page or driver's license).
2. Submit a criminal record check that includes a vulnerable sector check. The criminal record check must have been issued within one month prior to submission.
3. Complete Section A of the *Confirmation of Program Completion for Graduates of Canadian Nursing Education Programs Outside of PEI* and forward to the Dean/Director of your nursing education program. Request the Dean/Director to complete Section B and forward to ARNPEI.
4. Upon receipt of the above, we will notify as to your eligibility for the National Council Licensure Examination for Registered Nurses (NCLEX-RN). If you have passed the NCLEX-RN in another jurisdiction, request the registering/licensing authority to forward your result to ARNPEI.



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Application for Registration

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

I am requesting a permit to practice as a Graduate Nurse in Prince Edward Island. Yes ___ No ___

Are you proficient in English? Yes ___ No ___

I declare the above statements to be true:

Signature of Applicant

Date



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**Confirmation of Program Completion for
Graduates of Canadian Nursing Education Programs outside PEI**

Section A - Complete Section A and forward to the Dean/Director of your nursing education program.

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

Address _____

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

School of Nursing & Location _____

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

Signature _____ Date _____

Section B - To be completed by the Dean/Director and forwarded to the Association of Registered Nurses of PEI.

I certify that the above named applicant has completed the nursing education program indicated above on:

Completion date of program

I confirm that this entry-level nursing education program is accepted by _____ (name of regulatory body) and that the name of the education program is recorded correctly above.

Date

Signature of Dean/Director



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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 _____

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.