



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 Assessment of Eligibility for Registration
for Internationally Educated Nurses**

All internationally educated nurses (IENs) must first apply through the National Nursing Assessment Service (NNAS). Please visit www.nnas.ca for more information. After the NNAS advisory report has been generated, those wishing to apply to the Association of Registered Nurses of Prince Edward Island (ARNPEI) may do so.

The following steps/procedures must be followed when applying for registration with ARNPEI.

Complete the application form and return to ARNPEI at the above address with:

- the non-refundable application fee of \$500 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).

The following additional documents are required:

- Advisory report from the National Nursing Assessment Service - NNAS will send a report to the Association on your behalf.
- A criminal record check must be obtained from the police agency in each jurisdiction in which you have resided in the previous two years and from your country of origin. 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.

Upon receipt of the above, we will notify you as to your eligibility to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Applicants who have already passed the NCLEX-RN exam will not be required to retake the exam.



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 Assessment of Eligibility for Registration
for Internationally Educated Nurses**

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

Nursing Experience Since Graduation: (List three most recent employers)

Name and Address of Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had any conditions placed on your registration or had your 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 written the National Council Licensure Examination for Registered Nurses for registration in another jurisdiction? If yes, explain Yes No

Have you ever been required/asked by another regulatory body in Canada to complete a competence assessment? Yes No
(e.g. a competence assessment of your knowledge, skills and abilities using tools such as observation, interviews and written tests)?

Have you ever completed a competence assessment in another Canadian jurisdiction? Yes No

If you answered yes, please arrange for a certified true copy of the following to be sent to ARNPEI from the regulatory body as applicable:

- all letters associated with the process;
- the assessment report, and
- transcripts of education completed to bridge the gaps identified in the assessment report.

By signing this application form:

I authorize ARNPEI to carry out the procedures necessary for the assessment of my eligibility for registration. This includes making copies of my application documents for the purpose of assessment and/or contacting the institutions or authorities stated on this application to verify the authenticity of my documents and the information provided regarding the educational institutions, regulatory bodies, and employers listed in my application.

I declare that all of the information I have provided on this form is complete and truthful.

I understand that ARNPEI will immediately:

1. stop the assessment of my application and
2. that my application for assessment will be cancelled, registration will be refused, and I will be banned from applying to the ARNPEI in the future if:
 - a. I have provided any inaccurate information or
 - b. I have omitted required information; or
 - c. the ARNPEI determines that any documents submitted during the application or assessment process have been altered, tampered with or forged.

ARNPEI will not issue a refund and will retain all documents submitted with my application.

I understand that in order to practice nursing in Prince Edward Island, I am required by law to hold a license with ARNPEI, before I commence employment, including any orientation.

I understand that the Registrar may destroy the application and supporting documentation of an applicant if the applicant has not completed the application within two years of the date the applicant submitted to the Registrar the completed application form.

I have read and understand the above and the information on this form and agree to the terms stated herein.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Application Fee NNAS Advisory Report Identification Criminal Record Check

Registration Number: _____ Date: _____

Signature of Coordinator of Regulatory Services: _____



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

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.