



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 that includes a vulnerable sector check. The criminal record check must have been issued within one month prior to submission. If you have resided outside of Canada within the previous two years an 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