

Verification of Nurse Practitioner Registration

Instructions: Applicant must complete **Part A** and forward to each Regulatory Body from which original and all other nurse practitioner registrations were obtained. Photocopy this form if you have been registered in more than two provinces/states/countries. Send to each Regulatory Body with which you have been registered as a nurse practitioner so that they can complete **Part B. The Regulatory Body must forward this verification directly to BCCNM.**

PART A — Applicant

Last name: _____ First name: _____
 Middle name: _____ Former name (if applicable): _____
 Address (apt/box no.): _____ Number: _____ Street: _____
 City/town: _____ Province/state/country: _____ Postal code/zip code: _____
 Telephone (include area code): _____ Email: _____
 Date of birth (month/day/year): _____
 School where Nurse Practitioner program was completed: _____
 Date graduated (month/year): _____
 Nurse Practitioner registration date: _____ Nurse Practitioner registration no: _____
 Date: _____ Signature: _____

PART B — Regulatory Body for Nurse Practitioners

Name of regulatory body: _____
 Name of registrant: _____ Registration no. _____
 Type of Nurse Practitioner registration granted (title): _____
 Registered by:
 Examination Endorsement
 National Certification. If yes, please identify certifying body and applicant's category of classification:
 Certifying body: _____ Classification: _____
 Initial registration date in jurisdiction: _____
 Expiry date of registration: _____
 Has this person's registration/licence ever been denied, revoked, suspended or under review? If yes, please indicate reason on reverse side. No Yes
 If yes, has this person's registration/licence been reinstated? No Yes Date: _____
 Name of Registrar or person completing this form: _____
 Title: _____
 Date (month/day/year): _____

(SEAL)