

Confirmation of Registration (for non-RPN and non-Canadian RPN regulatory bodies)

This form is for applicants for registration as an RPN registration, and RPN registrants.

INSTRUCTIONS TO THE APPLICANT:

Please complete Section A only and forward the form to your current or former regulatory body.

SECTION A

Last name: _____ First name: _____

Middle name: _____ Former name(s) if applicable: _____

Date of birth (mm/dd/yy): _____ BCCNM ID: _____

Address (Apt/Box/#/Street): _____ City/town: _____

Province/State: _____ Country: _____ Postal code/zip code: _____

I give my consent to you to provide the information requested in Section B of this form directly to the BC College of Nurses and Midwives.

Date (dd-mm-yyyy): _____ Applicant's signature: _____

INSTRUCTIONS TO THE REGISTERING BODY:

Please provide the following information concerning the registration information for the above named person and return this form directly to the BC College of Nurses and Midwives at register@bccnm.ca.

Note: This is not to be sent by the applicant.

SECTION B — The records of the regulatory body indicate the following:

The above named was registered as (name of profession): _____

Registration number: _____ Date issued: _____

Date current registration expires or expired: _____

Status of applicant's registration: Practicing Non-practicing

Is applicant eligible for registration in your jurisdiction? Yes No

If you answer "Yes" to any of the following questions, please provide details on a separate sheet of paper.

Does the registration/license of this registrant have any current conditions or limitations? Yes No

Is this registrant currently under investigation? Yes No

Has the registration/license of this registrant ever been encumbered, suspended, revoked, or denied? Yes No

Does the registrant have any physical/mental condition, disorder, and/or addiction impairing his/her ability to practice as a nurse? Yes No

SECTION B — The records of the regulatory body indicate the following (Cont'd):

Organization name (please print): _____

Name (please print your complete name): _____

Title (please indicate your official title): _____

Phone number (include country code if outside Canada): _____

Email Address: _____

Signature: _____ Date (dd-mm-yyyy): _____

IMPORTANT: Please send the completed form directly to BCCNM Registration Services by email at register@bccnm.ca, or by mail to 900-200 Granville Street, Vancouver BC, Canada V6C 1S4.