



Confirmation of Registration

SECTION A – PERSONAL INFORMATION

To be completed by APPLICANT and forwarded to current or most recent regulatory body.

Full Name: _____
Surname *Given Name(s)* *Middle*

Other Surnames(s) (your last/family names at birth, your maiden name, or any other former name): _____

Address: _____
Street Address *Apartment/Unit #*

City *Province* *Postal Code* *Country*

Registration

Number: _____ **Date of Birth:** _____
mm-dd-yyyy

If you belong to a profession other than nursing, please fill out form R-02b

I give my consent to you, to provide the information requested in sections B – D of this form directly to the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS).

Signature: _____ **Date:** _____

Email Address: _____ **Phone #:** _____

SECTION B – CURRENT REGISTRANTS

Please provide the following information concerning the above-named psychiatric nurse.

To be completed by the REGULATORY BODY and forwarded directly to RPNAS.

Registration Number: _____ **Date Issued:** _____ **Valid to/Expired:** _____
mm-dd-yyyy *mm-dd-yyyy*

Current status of Applicant's registration: Practising Non-Practising GPN Inactive

Method by which the Applicant was registered: Examination Endorsement

Date Applicant passed a registration/licensing exam? _____
mm-dd-yyyy

Was the exam given in English? Yes No

Has the Applicant practiced a minimum of 1400 hours in the past 5 years?

Please provide detail for the past 5 years, most recent first.

Years:					
Hours:					

SECTION C – ELIGIBLE TO REGISTER
Please provide the following information for students and graduate applicants.

The above named has successfully completed an approved program in psychiatric nursing at:

Name of School _____ Date Completed (mm-dd-yyyy) _____

Is the applicant eligible for registration in your jurisdiction? Practicing GPN No

Has the applicant registered for the RPNCE? Yes No

Location: _____ Date: _____

Has the applicant passed the registration/licensing exam? Yes No

Was the registration/licensing exam given in English? Yes No

SECTION D – ALL REGISTRANTS

Does the registration of this Applicant have any current conditions or limitations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this psychiatric nurse currently under investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this psychiatric nurse ever been subject to discipline?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the registration/license of this psychiatric nurse ever been encumbered, revoked, suspended or denied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this Applicant have any history of criminal charges, convictions, pardons or record suspensions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any circumstances that may make registration with RPNAS contrary to the public interest?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this psychiatric nurse have a physical or mental condition or disorder, including without limitation any substance use disorder, that requires accommodation or impairs his/her ability to practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any of the above questions, please attach additional details on a separate piece of paper.

Full Name: _____ Title: _____
Please print your complete name *Please indicate your official title*

Phone Number: _____ Email: _____
Including country code if outside Canada



Signature: _____ Date: _____
mm-dd-yyyy