



Program Completion Reference

SECTION A – PERSONAL INFORMATION

To be completed by APPLICANT and forwarded to respective education program Dean, Academic Chair, or Program Head for completion.

Full Name:

Surname *Given Name(s)* *Middle*

Mailing Address:

Street Address *City* *State/Province* *Zip/Postal* *Country*

Email Address:

_____ **Phone Number:** _____

Student Number:

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

Program:

Full Name of Education Program

Program Mailing Address:

Street Address *City* *State* */Province* *Zip/Postal* *Country*

Declaration

I declare that:

My conduct while a student in the above program does not demonstrate any pattern of untrustworthiness or breach of the student code of conduct policies which would make registration with RPNAS contrary to the public interest;

I have not been the subject of an investigation or a proceeding resulting in informal or formal discipline for academic or non-academic misconduct;

The information I have provided on this form is true and accurate. I understand that falsification of this document, or the submission of any falsified documents to RPNAS, may be cause for RPNAS to withhold registration, revoke registration, or take other appropriate action.

Agree Disagree

Consent

I give my consent to the above educational institution to provide the information requested in Section B of this form directly to the Registered Psychiatric Nurses Association of Saskatchewan.

Signature _____ **Date** _____



SECTION B

To be completed by the educational institution – Dean, Academic Chair, or Program Head and returned to RPNAS directly.

The above-named applicant indicates successful completion of the requirements for your Psychiatric Nursing Education Program. Please confirm that this is correct by indicating the dates during which the person was in your program.

Program start date: _____ Program completed: _____
mm-dd-yyyy mm-dd-yyyy

Status: Diploma Exit Degree Exit Refresher/Re-Entry

Has the applicant completed all of the required components of the program? Yes No

Is the applicant currently under investigation, or has the applicant been found to have committed academic or non-academic misconduct by your institution or by another institution responsible for the program in which the applicant was enrolled? Yes No

Our institution is aware of the following circumstances that may make registration with RPNAS contrary to the public interest:

If you responded yes to the last two questions, please provide an explanation including outcome on a separate page.

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

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

Signature: _____ **Registration No:** _____ **Date:** _____

Please Return this form to RPNAS at:

info@rpnas.com

or

#205 – 4401 Albert Street
Regina, SK S4S 6B6

We will not accept this form if it is not returned by the education institution.