



Registrar, Licensed Practical Nurses
 Government of the Northwest Territories
 Department of Health and Social Services
 8th Floor, Centre Square Tower
 BOX 1320, 5022 – 49 ST
 YELLOWKNIFE NT X1A 2L9
 Phone: (867) 920-3323 Fax: (867) 873-0484

Verification of Registration

Applicant: Complete top portion and send to each jurisdiction where you have held registration.

I, _____
 SURNAME GIVEN NAMES FORMER NAME, IF APPLICABLE

Born on _____ graduated from _____
 (MM/DD/YYYY) SCHOOL OF NURSING

In _____ on _____
 CITY PROVINCE MONTH YEAR

I was registered in your jurisdiction on _____ under number _____
 MONTH YEAR (if known)

Present address _____

Signature _____ Date _____

To be completed by Association or Board wherein the above named was registered.
 Complete and send directly to NWT Registrar at the address above. It may be faxed, but **ensure original is mailed promptly.**

Acting on behalf of _____ jurisdiction, I hereby certify that the above named completed an approved program in:

- . practical nursing
- . diploma nursing
- . other (specify) _____

and was granted registration number _____ on _____ (date).

Registration was achieved by:

- . provincial exam, CNATS or CPNRE
- . reciprocity with _____ (specify jurisdiction)
- . other (specify) _____

Registration is is not currently active. Will or did expire _____ (date).

Registration has or has not been revoked or suspended other than for non-payment of fees? If it has, please state reason and attach details. _____

Is the above named currently under investigation? Yes No If yes, attach details.

 Authorized Signature

(seal)

 Date

 Telephone Number