



2022 RN EXPEDITED APPLICATION -Virtual/Telehealth Services

Identification (Please print)

Full Legal Name: (include middle initial or name)		Maiden or previous Name:	
Mailing Address: (City/Town, Province/Territory, Postal Code)			
Email:			
Phone numbers: Work:		Cell or Home:	
Date of Birth:	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Other <input type="checkbox"/>

Registration Eligibility

NOTE: If you answered "yes" for any of the eligibility questions, please attach documentation (e.g., letter of explanation, pardon). You must immediately notify the RNANT/NU if there are any changes to the above circumstances.

Q1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you fluent in English
Q2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you affected by or diagnosed with a physical, mental condition/illness, disability, or drug/ alcohol addiction which may affect your ability to practice nursing?
Q3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your registration currently, or has it ever had conditions attached, been suspended, revoked or under investigation in any jurisdiction?
Q4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied registration?
Q5	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently completing, or have you ever had to complete undertakings as part of a professional conduct review with any professional regulatory body?
Q6	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been found guilty of a criminal offence in any province, territory, state or country, or do you have any outstanding charges? This includes any criminal offence for which your received a pardon.

