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P.O Box 2757, Yellowknife, NT X1A 2R1

## TEMPORARY CERTIFICATE APPLICATION FORM

### Identification (Please print)

|   |  |   |
|---|--|---|
| Full legal name: (include middle initial or name)                                 |  | Maiden or previous name:  |
| Commonly used name: (for mailing purposes)  |  |   |
| Mailing Address: (City/Town, Province/Territory, Postal Code)                     |  |   |
| Email:  |  |   |
| For registration and renewal communication CANNN requires a current email address |  |   |
| Phone number:   |  |   |
| Work: ( )   |  | Cell or Home: ( )   |
| Date of Birth:(YYYY/MM/DD)  | Sex:<br><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other | Primary Residence: City/Town/Province<br><input type="checkbox"/> NT <input type="checkbox"/> NU <input type="checkbox"/> Other _____ |

### Fee

Temporary License RN    \$207.90 = \$198.00(Base) + \$9.90 (GST)

### Nursing Education

School of Nursing

RN Program

NP Program

Graduation Date



### Reason for Temporary Certificate

|   |
|---|
| <input type="checkbox"/> <b>Employment in NT/NU (waiting to write entry to practice exam or receive exam results)</b>     |
| RN: Date of NCLEX write <input type="text"/>  |
| NP: Date of CNPE or other approved exam (see CANNN R01 Policy)<br><input type="text"/>                                    |
| <input type="checkbox"/> <b>Completing a Nursing Refresher program</b>  |
| School of Nursing <input type="text"/>  |
| Anticipated date(s) of clinical practicum <input type="text"/>  |
| <input type="checkbox"/> <b>Completing a Nursing Refresher program as part of the Professional Conduct Review process</b> |
| School of Nursing <input type="text"/>  |
| Anticipated date(s) of clinical practicum <input type="text"/>  |

Q1: Have you ever previously applied for registration with CANNN?

- YES  
 NO

Q2: 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?

- YES  
 NO

Q3: Are you currently completing, or have you ever had to complete undertakings as part of a professional conduct review with any professional regulatory body?

- YES  
 NO

Jurisdiction

Q4: Is your registration currently or has it ever had conditions attached, been suspended, revoked, or under investigation in any jurisdiction (RN Refresher & NP Graduate applicants only)?

- YES  
 NO

Jurisdiction

Q5: Have you ever been found guilty of a criminal offence in any province, territory, or country, or do you have any outstanding charges? \*\*This includes any criminal offence for which you have received a pardon.

- YES  
 NO

Note: If you answered "yes" for Questions 2-5, please attach documentation (e.g., letter of explanation, pardon) or indicate if documentation was previously submitted. You must immediately notify CANNN if there are any changes to the above circumstances.



**Required Documents**

- Valid Government issued photo identification (Drivers' license/Passport/Other)
- Legal name change if applicable

**Consent**

- I certify that the information I have provided on this form is true and acknowledged that my Temporary Certificate can be refused, suspended, or cancelled if I have provided inaccurate information.

Print Name

Signature

Date