Phone: (867) 873-2745 / Fax: (867) 873-2336 / Email: <u>info@rnantnu.ca</u> P.O Box 2757, Yellowknife, NT X1A 2R1

Verification Request Form

Identification (Please print)

Full legal name: (include middle initial or name)						Maiden or previous name:			
Common	y used name: (for mai	ling purposes)			•				
Mailing A	ddress: (City/Town, Pr	ovince/Territor	y, Post	al Code)					
Email:									
	ration and renewal cor	mmunication CA	MNN r	equires a current of	email ad	dress			
Phone nu	mbers:								
Work: (Cell or Home: ()						
Date of B	Date of Birth: (YYYY/MM/DD) Sex:		☐ Male ☐ O			mary Re	tesidence		
		☐ Female	U IVI	ale 🗖 Other		דא ב	□ NU	☐ Other	
Status ar	nd Fees								
☐ Verifice member	\$39. ber	38 = \$37.50 (Bas	•						
☐ Verifice non-m	cation fee \$65. nember	63 = \$62.50 (Bas	se) + \$3	3.13 (GST)					
Verificati	on of status/ exar	n results/ re	gistra	tion with CAN!	NN	_			
Includes t	he following:								
•	Current name		•	Registration nun	mber		•	Any professional conduct history	
Date of birth			•	Date of first registration with CANNN		with	•	Any history of suspension or cancellation of your registration	1
 Entry-level nursing education program name and completion date 			•	Exam results			•	Current status	
Send to:									
=									
_									

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Delivery

•	Verifications are submitted to Regulators via email unless otherwise						
	specified.						

☐ Courier service is available at your cost, we will contact you to confirm prior to shipping Please note that you will have to provide the shipping information

Authorization to release information

	I hereby authorize the College and Association of Nurses of the Northwest Territories and Nunavut to release information requested.					
Print Name	Signature	Date				

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