



## Internationally Educated Nurses

Please read this page carefully before beginning your application. Questions? Visit the frequently asked questions page.

### Registration Process

Apply to the College and Association of Nurses of the Northwest Territories and Nunavut

- **Submit your Application**
  - Fill out the IEN Application ([link](#))
  - Upload proof of identity (including any name changes)
  - Pay the Application Fee
- **Application Review**
  - CANNN reviews your application and refers you to [Inspire Global Assessments](#).
- **Assessment by Inspire Global Assessments**
  - Inspire will guide you through the process to assess:
    - English Language proficiency
    - Educational Credentials; and
    - Nursing competency



- **Decision Process**
  - Inspire Global Assessments will provide a report to CANNN after the assessment is completed. This report will be reviewed by the Registration Committee who will provide a recommendation to the Registrar on the status of licensing the applicant
- **Final Steps**
  - If eligible for licensure, you must:
    - Apply for registration
    - Submit any additional documentation
    - Pay the Registration Fee
- **Licensing Timeline**
  - Once all information is received, licensing takes 5-7 days

*Please note it is your responsibility to ensure you have the appropriate immigration status to complete the transitional education required to be eligible for registration in the Northwest Territories and Nunavut, and are able to legally work in Canada if you successfully complete all registration requirements. CANNN cannot advise you in this regard.*

# IEN Application

Phone: (867) 688-8255 / Fax: (867) 988-3858 / Email: [execast@cannn.ca](mailto:execast@cannn.ca)

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

## INTERNATIONALLY EDUCATED NURSES 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: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Primary Residence: City/Town/Province <input type="checkbox"/> NT <input type="checkbox"/> NU <input type="checkbox"/> Other_____

### **Fee**

<input type="checkbox"/> Application Fee	\$2415.00 = \$2300.00(Base) + \$115.00 (GST)
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### **Eligibility for Registration**

Q1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever previously applied for registration with CANNN?
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	Are you currently completing, or have you ever had to complete undertakings as part of a professional conduct review with any professional regulatory body?
Q4	<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?
Q5	<input type="checkbox"/> Yes <input type="checkbox"/> No	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 received a pardon**

**NOTE:** If you answered “yes” for any of questions 2-5, please attach documentation (e.g., letter of explanation, pardon) or indicate if documentation was previously submitted. Additionally, if you answered “yes” for Q3 or Q4 indicate for which jurisdiction(s) and if “yes” for Q5 indicate for which province, territory, state, or country. You must immediately notify CANNN if there are any changes to the above circumstances.

### **Required Documents**

With this application, please submit the following documents;

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

### **Consent**

- I consent to having my application shared with Inspire Global Assessments with the objective of facilitating the application process. Specifically, CANNN and Inspire Global Assessments will both provide and receive documentation from either party through the assessment process. I understand this is completely optional and I can withdraw my consent at any time.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_