COLLEGE OF NURSES
OF THE NORTHWEST TERRITORIES AND NUNAVUT
Phone: (867) 688-8255/ Fax: (867) 988-3858 / Email:info@cannn.ca
P.O Box 2757, Yellowknife, NT X1A 2R1

COURTESY PRACTICE REGISTRATION

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 CNNN requires a current email address		
Phone number: Work: ( ) Cell or Home: ( )		
Date of Birth: (YYYY/MM/DD)	Sex: ☐ Female ☐ Male ☐ Other	Primary Residence: City/Town and Province if other ☐NT ☐NU ☐Other _____

Fee

☐ Courtesy License $276.42 = $263.26 (Base) + $13.16 (GST)

Primary Employer Information

Name of Employer/Institute/Agency

Name of Manager/Supervisor

Position Held

Address

Phone Number

# of Years Employed with Employer

☐ I am self-employed

Hours worked in Nursing:

Please tick the category.

☐ I declare I have worked a minimum of 1125 hrs. as an ☐ RN ☐ RPN ☐ LPN in the past 5 years ☐ No ☐ Yes

☐ I declare I have worked a minimum of 1125 hrs. as a NP in the past 4 years ☐ No ☐ Yes

☐ I have completed a course on prescribing controlled drugs & substances ☐ No ☐ Yes

Verification of Registration

List all jurisdictions you have ever been registered with:

_____ License/Reg #: _____

_____ License/Reg #: _____

_____ License/Reg #: _____

Eligibility for Registration

Q1	☐ Yes ☐ No	Are you fluent in English?
Q2	☐ Yes ☐ 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	☐ Yes ☐ No	Is your registration currently or has it ever had conditions attached, been suspended, revoked, or under investigation in any jurisdiction?
Q4	☐ Yes ☐ No	Have you ever been denied registration?
Q5	☐ Yes ☐ 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	☐ Yes ☐ 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 you received a pardon**

NOTE: If you answered "yes" for any of the eligibility questions 2-6, please attach documentation (e.g., letter of explanation, pardon) or indicate if documentation was previously submitted. If answered "yes" for Q3 or Q5 indicate for which jurisdiction and if answered "yes" for Q6 indicate for which province, territory, state, or country. You must immediately notify CNNN if there are any changes to the above circumstances.

Courtesy License Event Information

1) Sponsoring Institute/ Agency/ Organization must write a letter providing a clear description and need for the Event/ Education/ Research
2) Dates and Location of Courtesy Practice Event(s)
3) Name of Primary Contact
4) Contact Information of Agency: Phone/Fax/Email

With this application, please submit the following documents;

- ☐ Valid Government issued photo identification (Drivers' license/Passport/Other)
- ☐ A copy of your current nursing license.

Consent

- ☐ I declare I am applying for registration with CNNN for the sole purpose of providing education and/ or research. I am aware that this license is only valid for 14 days.
- ☐ I understand that I can only practice in the location and on the dates submitted to CNNN.
- ☐ I understand that I may not provide direct patient care while practicing under this Courtesy license.
- ☐ I hereby certify that the information given above is true and complete.
- ☐ I consent to have CNNN obtain an online verification from the jurisdictions in which I have been registered.
- ☐ I authorize CNNN to contact my primary employer for a reference.

_____ _____

Signature Date