



**COLLEGE OF NURSES**  
OF THE NORTHWEST TERRITORIES AND NUNAVUT

Phone: (867) 688-8255 / Fax: (867) 988-3858

Email: [info@cannn.ca](mailto:info@cannn.ca)

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

**Form G (1) - CONFIRMATION OF PROGRAM COMPLETION**

Applicant to complete Part A and forward to the Director of their School of Nursing or designate

**PART A**

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

---

**PART B**

To be completed by the Director of the applicant's School of Nursing or designate  
and forwarded directly to CANN.

I confirm that \_\_\_\_\_ completed the requirements of the nursing  
education program on \_\_\_\_\_.

This applicant is: (Check only one)

Is eligible to graduate

Graduated on

School of Nursing: \_\_\_\_\_ Province/Territory Position: \_\_\_\_\_

City: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_