



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

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

**VERIFICATION FOR REGULATORY JURISDICTION**

**INSTRUCTIONS:** Applicants must complete Part A of this form and forward a copy to the regulatory body in which you have been registered/licensed.

**Part A: Please Print**

Name: \_\_\_\_\_  
 Last Name                      First Name                      Middle Name (Underline Common Name)                      Previous Name(s)

Phone: (\_\_\_\_) \_\_\_\_\_      Email: \_\_\_\_\_

Address: \_\_\_\_\_  
 Number                      Street                      City/Town                      Province/Territory                      Postal Code

Date of Birth (YYYY/MM/DD): \_\_\_\_\_      CNNN Number: \_\_\_\_\_

**INITIAL NURSING EDUCATION**

School where you completed our basic program: \_\_\_\_\_

Date of Graduation (MM/YY): \_\_\_\_\_      Initial Nurse Registration Date (/MM/YYYY) \_\_\_\_\_

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

**Part B: (For Regulatory Body only)**

Complete Part B of this form and submit it to the CNNN office by email, fax or mail.

Name of regulatory body: \_\_\_\_\_

Name of Registrant: \_\_\_\_\_                      Registration Number: \_\_\_\_\_

Type of Registration Granted (Designation): \_\_\_\_\_

Initial Registration Date (DD/MM/YYYY): \_\_\_\_\_                      Expiry Date (DD/MM/YYYY): \_\_\_\_\_

Registered by (Check one):                       Examination                       Endorsement

Has this person's registration/license ever been denied, revoked, suspended or under review?                       Yes                       No

Examination Written: \_\_\_\_\_                      Number of Writings: \_\_\_\_\_

Date Exam Passed (DD/MM/YYYY): \_\_\_\_\_                      Passing Score: \_\_\_\_\_

Name of Registrar/Individual completing form: \_\_\_\_\_                      Title: \_\_\_\_\_

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

