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P .0 Box 2757, Yellowknife, NT X1A 2R1

## Virtual Care Provider - License Application

### Identification

|   |                                 |  |                                     |
|---|---------------------------------|--|-------------------------------------|
| Full legal name   |                                 | Previous name(s)                                   |                                     |
| Mailing Address: (City/Town, Province/Territory, Postal Code) |                                 | Nursing designation:<br>RN                      NP |                                     |
| Email address   |                                 |  |                                     |
| Phone numbers:<br>Work:                                       |                                 | Cell or Home:                                      |                                     |
| Date of birth:  | Female <input type="checkbox"/> | Male <input type="checkbox"/>                      | Non-Binary <input type="checkbox"/> |
| Employer:   |                                 | Employment start date:                             |                                     |

### Registration Eligibility

**NOTE:** If you answered "yes" for any of the eligibility questions #2-5, please attach documentation (e.g., letter of explanation, pardon). You must immediately notify CANNN if there are any changes to the below circumstances.

|    |   |  |
|----|---|--|
| Q1 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Are you fluent in English?   |
| Q2 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Have you ever been refused registration or licensure, had an application denied, surrendered a license during an investigation, or withdrawn an application while under review in any nursing or other regulated profession in any jurisdiction?   |
| Q3 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Have you ever been subject to disciplinary action, practice restrictions, conditions, suspensions, findings of professional misconduct, or any other regulatory or employer-imposed sanctions related to your nursing practice in any jurisdiction?  |
| Q4 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Have you ever been charged with, convicted of, or pleaded guilty or no contest to:<br>• any criminal offence under the Criminal Code of Canada or any other federal statute; or<br>• any offence under federal, provincial, or territorial legislation,<br><br>whether or not a conviction was registered, that could reasonably be relevant to your professional conduct or ability to practice nursing safely? |
| Q5 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Are you aware of any other issues, events, investigations, findings, or circumstances not already disclosed that could reasonably affect your professional conduct, competence, capacity, or ability to practise nursing safely in the Northwest Territories or Nunavut, including (but not limited to) any employer-imposed suspension, termination for cause, revocation of duties, or practice restrictions?  |

**Declarations:**

|           |   |
|-----------|---|
| Yes<br>No | I declare I am applying for registration with CANNN for the sole purpose of providing virtual nursing care to NT/NU residents.  |
| Yes<br>No | I declare I have completed a minimum of 1125 hours in the last 5 years or 450 hours in the last 2 years in the nursing designation of my application.   |
| Yes<br>No | I declare I have completed a quality assurance plan in my home jurisdiction.  |
| Yes<br>No | I declare that all information provided in this application, including supporting documentation, is true, accurate, and complete to the best of my knowledge. I understand that providing false, misleading, or incomplete information may result in refusal of registration, cancellation of registration, or disciplinary action. |

**Consent:**

I consent to having my application status shared with my employer and CRNA with the objective of streamlining and facilitating the application process. Specifically, CANNN will provide AHS or Covenant Health, and CRNA with an update of whether I have applied, what documents are pending, and if my application is in the review stage or approved. I understand this is completely optional and I can withdraw my consent at any time.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**