College of Registered Nurses of Saskatchewan

Application for Graduate Nurse Practitioner (GNP) License

(Complete and return to CRNS)

Last Name _____ Given Name _____ Middle Name _____

Former Last Name(s) _____

Home Address _____ City _____

Province/State _____ Country _____ Postal/Zip Code _____

Email _____ This email is ❑ Home ❑ Work

Telephone: Home (___) _____ Work (___) _____ Ext ___ Cell (___) _____

Specialty: ❑ Primary Care ❑ Neonatal ❑ Adult ❑ Pediatric

Place of Primary Employment	
Employer Name	
Facility	
Location	
Supervisor's Name: NP or Physician	
Supervisor's email	
Supervisor's phone number	

1. Have you ever previously applied for registration with the College of Registered Nurses of Saskatchewan? ❑ Yes ❑ No
2. Have you at any time been officially reprimanded, suspended, expelled, or officially asked to withdraw from any program of study? ❑ Yes ❑ No
3. Are you currently the subject of a discipline hearing, or is your registration currently encumbered with conditions or restrictions which could result in the encumbrance of your nursing registration/licensure by a registration/licensing authority for nursing in any province, territory, state, or country? ❑ Yes ❑ No
4. Have you ever had your registration denied or encumbered in any way (revoked, suspended, surrendered, restricted, subjected to individual terms and conditions) by a registration/licensing authority for nursing in any province, territory, state, or country? ❑ Yes ❑ No
5. Have you ever had your registration/license encumbered in any way (revoked, suspended, surrendered, restricted, subjected to individual terms and conditions) by a registration/licensing authority of another occupation/profession (other than nursing) in any province, territory, state, or country? ❑ Yes ❑ No

6. Have you been charged or convicted of an offence under the *Criminal Code*, the *Food and Drugs Act*, the *Controlled Drugs and Substances Act*, or any other similar legislation in any other province, territory, state, or country? ❑ Yes ❑ No

If you have answered "Yes" to any of questions 1-6, attach a dated & signed letter of explanation.

I certify that the information I have provided on this form is true and correct. I understand that I must practice under the supervision of a nurse practitioner or physician in good standing and, in order to practice as a graduate nurse practitioner in Saskatchewan, I am required by law to be registered and hold a GNP license with the College of Registered Nurses of Saskatchewan before I commence employment**.** I hereby agree to review and practice in accordance with the current CRNS NP Practice Standards and the current CRNS NP Entry level Competencies.

Signature _____ Date _____

Requested effective date of GNP license (all requirements must be received) _____

This is a temporary, eight-month licensse with one possible eight-month extension. Once you have passed the licensure examination, the GNP license is no longer available.