

**A. To be completed by the applicant and forwarded to the Dean/Program Head/Supervisor of your nursing school.**

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Former Name(s) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_  
 Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_  
 Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext \_\_\_\_ Cell ( ) \_\_\_\_\_  
 School of Nursing \_\_\_\_\_  
 Location \_\_\_\_\_ Graduation Date \_\_\_\_\_

I HEREBY AUTHORIZE YOU TO COMPLETE THE FOLLOWING:

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

**B. To be completed by the Dean/Program Head/Supervisor of your nursing school once you have completed your nursing education program and mailed directly to the CRNS.**

THIS IS TO CERTIFY THAT \_\_\_\_\_ completed the  
Name of Graduate

*Basic Nursing Education Program* on \_\_\_\_\_ and has/will graduate from  
Date

\_\_\_\_\_ Nursing Program Location  
 on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Title Date