

Return directly 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 (\_\_\_\_) \_\_\_\_\_

What specialty are you applying for:  Primary Care  Other \_\_\_\_\_

**Formal Nurse Practitioner Education**

Name and Location of Each Nurse Practitioner Program	Language of Instruction	Date Entered y/m	Date Graduated y/m	Credential Received
				<input type="checkbox"/> Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
				<input type="checkbox"/> Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
				<input type="checkbox"/> Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate

Have you ever been licensed or practised as an NP or Graduate NP  Yes  No

If yes, please provide the following additional information:

	Province/Country
Where did you first obtain registration as a NP?	
Where were you most recently registered and practising as an NP?	

Have you taken a nurse practitioner re-entry/refreshers program in the last three years?  Yes  No

	Date Completed	Name of Program	Province/Country
Nurse Practitioner Re-entry/ Refresher Program			

**NP Employment History**

(If you have had more than one employer within the dates indicated, fill in the name of your primary employer only, but include the total NP hours worked at all employers within those dates.)

Year (do not change dates)	Place of Primary Employment		Total Hours Per Year
	Facility	Location	
2023 Dec 01 – 2024 Nov 30			
2022 Dec 01 – 2023 Nov 30			
2021 Dec 01 – 2022 Nov 30			
2020 Dec 01 – 2021 Nov 30			

If you were previously licensed as a NP, have you fulfilled the NP continuing competence requirements in your jurisdiction?

Yes  No  N/A

I certify that the information I have provided on this form is true and acknowledge that my application for registration may be refused or cancelled if I have provided any inaccurate information. I understand that, to practice as a Nurse Practitioner in Saskatchewan, I am required by law to be registered and hold a current practicing Nurse Practitioner 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 CNA *Code of Ethics*, the current CRNS *NP Practice Standards*, and the current CRNS *NP Entry-Level Competencies*.

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

GST #107956237

OFFICE USE ONLY			
	Amount Received	Method of Payment	Date Received
Application Fee \$157.50 (GST included)			