

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 (\_\_\_\_) \_\_\_\_\_

- Complete this application and submit the fee of \$136.50 (GST included)
- The exam provider will contact you via email with further details
- You must pay for your exam directly to the exam provider

Please indicate which method of exam you are applying for

\_\_\_\_ write the CNPE through Proctor U Online Proctoring Platform

\_\_\_\_ write the CNPE in a Saskatchewan testing center (to be assigned by exam administrator)

If you have a disability which could affect your performance on the CNPE, testing accommodations can be requested by contacting the CRNS at 306-359-4200. This request is subject to approval and must be made at least 40 business days prior to the exam and must be accompanied by Disability Needs Form completed by your care provider or a dean's letter stating the accommodations afforded during your education.

Information about the exam can be found at <https://www.ccrnr.ca/familyall-ages.html>

I certify that the information I have provided on this form is true and correct.

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