



For office use
Date of receipt stamp

APPLICATION FOR REINSTATEMENT OF REGISTRATION 2018

A. PERSONAL INFORMATION

If your name is different than the one under which you were last registered in New Brunswick please forward a copy of your marriage certificate or a declaration of change of name.

Name: _____
Last name First name Middle name

Maiden name: _____ **Former name(s):** _____

Current address: _____
Apt # Street Name

City Province / State Postal Code / Zip Code Country

Telephone number: (_____) _____ (_____) _____
Home Cell phone

Email address: _____

Gender: Female Male **I desire material in:** English French

Date of birth ____/____/____ **NANB Registration #:** _____
Day Month Year

B. STATUS REQUESTED (indicate the status you require and refer to page 3 for fee schedule)

Registration-Registered Nurse Registration-Nurse Practitioner Non Practising Status

I have assessed my practice and developed, implemented and evaluated a learning plan for 2017.

Yes No Specify: _____

Have you ever been denied registration in another province, territory, state or country?

Yes No Specify: _____

Is your registration currently suspended, revoked, subjected to conditions or restrictions, or under investigation in another jurisdiction?

Yes No Specify: _____

Since you last applied for registration, have you been charged with or convicted of a criminal offence?

Yes No Specify: _____

C. APPLICANTS RESIDING IN NB

Are you currently employed? Yes No **Are you anticipating new employment** Yes No

Name and location of current employer: _____

Name and location of anticipated employer: _____



Are you returning to work after leave of absence? Yes No If Yes From: _____ To: _____
 dd/mm/yy dd/mm/yy

Specify type of leave: Maternity Leave
 Sick Leave
 Long Term Disability
 Other Specify _____

D. APPLICANTS RESIDING OUTSIDE OF NEW BRUNSWICK

Did you work as an RN outside of NB since you were last registered with NANB? Yes No

A confirmation of hours of work form must be completed by all employers in the last 5 years, and sent directly to NANB. Also a verification of registration from the regulatory body where you are currently registered is required.

Name and Address of Employer	Your Position	Period of Employment
		From: _____ To: _____
		From: _____ To: _____
		From: _____ To: _____

E. VERIFICATION OF CURRENT REGISTRATION

A verification of registration from the regulatory body where you are currently registered must be completed by the regulatory body where you are currently registered and sent directly to NANB.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

I understand NANB collects, uses and discloses personal information to carry out its mandate under the *Nurses Act* to protect the public, for professional regulation, research, statistical, educational, planning and nursing database purposes and also to provide or offer services to its members directly or through the Canadian Nurses Association, Canadian Nurses Protective Society, Meloche Monnex or others ("third parties") when NANB determines such services may be of interest to members. I consent to receiving electronic communications from NANB and third parties respecting such services and understand I may withdraw this consent at any time. I understand I may contact NANB at any time to determine the use or disclosure of information I provide to NANB.

_____ Date _____ Signature

F. PAYMENT (See next page for correct registration fee schedule)

I am paying by Certified cheque Money order Visa MasterCard Cash \$ _____

Credit card users, please complete the following information:

Card number: ____/____/____/____/-____/____/____/____/-____/____/____/____ Expiry date ____/____/-____/____

 Name of cardholder Authorizing signature

Complete, sign and return this form to NANB along with the registration fee.



F. 2018 REGISTRATION FEES (in Canadian funds only)

Forward the registration fee on the basis of the date on which you anticipate practising nursing in New Brunswick. Registration certificates remain valid until the 30 of November of each year.

<u>REGISTRATION FEES</u>	
December 1, 2017 - November 30, 2018	\$536.70
If lapsed	\$594.20
June 1, 2018 - November 30, 2018	\$322.02
If lapsed	\$379.52
September 1, 2018 - November 30, 2018	\$161.01
If lapsed	\$218.51
<u>NON PRACTISING FEES</u>	
Non practising membership	\$46.00
If lapsed	\$57.50
Non practising membership with membership in the Canadian Nurses Association	\$112.35
If lapsed	\$123.85

Non practising membership entitles the member to receive all Association publications, participate in Chapter activities and enrol in a refresher course. Non practising membership is for nurses who are not engaged in the active practice of nursing in New Brunswick.

<u>TRANSFER FROM NON PRACTISING TO PRACTISING FEES</u>	
These fees include a credit for non practising fees previously paid	
December 1, 2017 - November 30, 2018	\$490.70
June 1, 2018 - November 30, 2018	\$276.02
September 1, 2018 - November 30, 2018	\$115.01

(Above fees include 15 % HST)

Please contact the **Registration Department** for further information or clarification at (506) 458-8731 or 1-800-442-4417 (NB only).



VERIFICATION OF CURRENT REGISTRATION

SECTION A (To be completed by applicant and forwarded to the Regulatory Body which granted your current nursing registration.)

Name: _____
Last name First name Middle name

Maiden name: _____ **Former name(s):** _____

Current address: _____
Apartment # Street Number and Name

City Province / State Postal Code / Zip Country

Date of birth ____/____/____ **My registration number in your Jurisdiction :** _____
Day Month Year

Graduated from: _____ **Date of graduation:** ____/____/____
School of Nursing Day Month Year

Date Signature

SECTION B (To be completed by the Regulatory Body and forwarded directly to NANB.)

Acting on behalf of _____, **I do hereby certify that**
Regulatory Body

_____ **a graduate of** _____
Name of applicant School of nursing

located in _____ **was issued a certificate of registration as a**
City Province/State Country

Registered Nurse on ____/____/____, **bearing number** _____
Day Month Year

The certificate was obtained by: Examination
 Endorsement

<u>EXAMINATION INFORMATION</u>	
Registration Examination:	<input type="checkbox"/> CRNE
Passing Score: _____	<input type="checkbox"/> NCLEX
Number of times written: _____	<input type="checkbox"/> Other (specify) _____

The applicant's current registration status with this authority _____ **Valid until** _____

The applicant's registration / membership status for the past five years:

Year	Status
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is this registration presently suspended, revoked, subjected to conditions or restrictions, or under investigation? Yes No

Date Printed name and Signature

Official Seal/Stamp



CONFIRMATION OF HOURS

SECTION A *(To be completed by applicant and forwarded to Nursing Employers over the past five years.)*

Name: _____
Last name First name Middle name

Maiden name: _____ Former name(s): _____

Date of birth _____ / _____ / _____ Registration #: _____
Day Month Year

I was employed at your agency as a Registered Nurse from _____ / _____ to _____ / _____.
Month Year Month Year

I hereby authorize you to release the information requested on this form to NANB.

_____ Date _____ Signature

SECTION B *(To be completed by employer and returned directly to NANB.)*

I do hereby certify that _____ practised as a Registered Nurse in this institution.
Name of Nurse

The following is an accurate account of actual worked hours per year for each of the past five years.

Jan 1, _____ to Dec 31, _____ = _____ hours
year year

Jan 1, _____ to Dec 31, _____ = _____ hours
year year

Jan 1, _____ to Dec 31, _____ = _____ hours
year year

Jan 1, _____ to Dec 31, _____ = _____ hours
year year

Jan 1, _____ to Dec 31, _____ = _____ hours
year year

EMPLOYER INFORMATION

_____ Printed name Signature Date

_____ Position Title Agency/institution name

_____ Address City Province / State Country

_____ Telephone number E-mail

This form must be submitted directly to NANB.