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| For office use |
| Date of receipt stamp |
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APPLICATION FOR REINSTATEMENT OF REGISTRATION 2017

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 2016.

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 (if applicable)

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 (if applicable)

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. 2016 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 30th of November of each year.

| <u>REGISTRATION FEES</u> | |
|--|----------|
| December 1, 2016 – November 30, 2017 | \$533.54 |
| If lapsed | \$591.04 |
| June 1, 2017 – November 30, 2017 | \$320.12 |
| If lapsed | \$377.62 |
| September 1, 2017 – November 30, 2017 | \$160.06 |
| If lapsed | \$217.56 |
| <u>NON PRACTISING FEES</u> | |
| Non practising membership | \$46.00 |
| If lapsed | \$57.50 |
| Non practising membership with membership in the Canadian Nurses Association | \$109.19 |
| If lapsed | \$120.69 |

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, 2016 - November 30, 2017 | \$487.54 |
| June 1, 2017 - November 30, 2017 | \$274.12 |
| September 1, 2017 – November 30, 2017 | \$114.06 |

(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).