



VERIFICATION OF ORIGINAL REGISTRATION

SECTION A (To be completed by applicant and forwarded to the Regulatory Body which granted your original 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 Nursing Regulatory Body and forwarded directly to NANB.)

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

a graduate of _____
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

<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** _____

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

Date

Title

Printed name and Signature

Signature