



## APPLICATION FOR TEMPORARY EMERGENCY REGISTRATION

COMPLETE THE ENTIRE FORM - PLEASE PRINT AND FAX TO NANB

GENERAL INFORMATION			
NAME: _____		*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 stating you are using your maiden name.	
MAILING ADDRESS: _____ _____			
MAIDEN NAME: _____	OTHER FORMER NAMES: _____		
TEL. (HOME): _____	TEL. (WORK): _____	FAX: _____	E-MAIL: _____
NB REGISTRATION NO.: _____		LANGUAGE PROFICIENCY	
DATE OF BIRTH: _____ / / Day Month Year		Please check one	
IN WHICH AREA DO YOU PLAN TO WORK?		<input type="checkbox"/> Unilingual English	
<input type="checkbox"/> 1SE Moncton ( <i>English</i> )		<input type="checkbox"/> Unilingual French	
<input type="checkbox"/> 1B Moncton ( <i>French</i> )		<input type="checkbox"/> Fluently Bilingual (first language English)	
<input type="checkbox"/> 2 Saint John		<input type="checkbox"/> Fluently Bilingual (first language French)	
<input type="checkbox"/> 3 Fredericton		<input type="checkbox"/> Functionally Bilingual (first language English)	
<input type="checkbox"/> 4 Edmundston		<input type="checkbox"/> Functionally Bilingual (first language French)	
<input type="checkbox"/> 5 Campbellton			
<input type="checkbox"/> 6 Bathurst			
<input type="checkbox"/> 7 Miramichi			

When did you last work in N.B : \_\_\_\_\_  
Employer \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_

Have you worked outside of NB since you last registered with NANB?

NO  YES

If yes, in which province/state/country did you work?

Province/State/Country \_\_\_\_\_ Year \_\_\_\_\_ Reg # \_\_\_\_\_

If yes, in which institution, facility or agency did you work ?

Institution/Facility/Agency \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_

DECLARATION			
IS YOUR REGISTRATION PRESENTLY SUSPENDED, REVOKED OR UNDER INVESTIGATION IN ANOTHER JURISDICTION?		NO	YES
SINCE YOU LAST APPLIED FOR REGISTRATION, HAVE YOU BEEN CHARGED WITH OR CONVICTED OF A CRIMINAL OFFENCE?		NO	YES*
		*If yes, please contact the Registrar at 1-800-442-4417 or 458-8731.	

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

I understand the 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 Canadian Nurses Association, Canadian Nurses Protective Society, Meloche Monnex and others when the NANB determines such services may be of interest to members. I understand I may contact the NANB at any time to determine the use or disclosure of information I provide to the NANB.

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

**THIS TEMPORARY EMERGENCY REGISTRATION IS LIMITED TO 60 DAYS ONLY**