



For office use
Date of receipt stamp

APPLICATION FOR REINSTATEMENT OF REGISTRATION 2022

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 Non-Binary

I desire material in: English French

Date of birth: ____/____/____
Day Month Year

NANB Registration #: _____

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 2021.

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: _____



F. 2022 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, 2021 - November 30, 2022	\$582.65
If lapsed	\$640.15
June 1, 2022 - November 30, 2022	\$373.55
If lapsed	\$431.05
September 1, 2022 - November 30, 2022	\$244.18
If lapsed	\$301.68
<u>NON PRACTISING FEES</u>	
Non practising membership	\$46.00
If lapsed	\$57.50
Non practising membership with membership in the Canadian Nurses Association	\$119.20
If lapsed	\$130.70

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, 2021 - November 30, 2022	\$536.65
June 1, 2022 - November 30, 2022	\$327.55
September 1, 2022 - November 30, 2022	\$198.18

(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 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>	CRNE
Registration Examination:	NCLEX
Passing Score: _____	Other (specify)
Number of times written: _____	_____

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

Jan 1 to Dec 31, ____ = ____ hours
Year

Jan 1 to Dec 31, ____ = ____ hours
Year

Jan 1 to Dec 31, ____ = ____ hours
Year

Jan 1 to Dec 31, ____ = ____ hours
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.