Tel.: (506) 458-8731 Fax.: (506) 459-2838 Toll Free: 1 800 442-4417

Email: nanbregistration@nanb.nb.ca

# **APPLICATION FOR REINSTATEMENT OF REGISTRATION 2022**

## **A. PERSONAL INFORMATION**

| f your name is different than the one under  | which you were last register | red in New Brunswick please | forward a copy of |
|--|------------------------------|-----------------------------|-------------------|
| our marriage certificate or a declaration of | change of name.              |                             |                   |

For office use

Date of receipt stamp

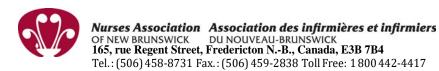
| Name:                                      | st name           |                      | First name          |            |                 | Middle        | name       |
|--|-------------------|----------------------|---------------------|------------|-----------------|---------------|------------|
|  |                   |                      |                     |            |                 |               |            |
|  |                   |                      | ronner name(s): _   |            |                 |               |            |
| Current address:                           | Apt #             | Street Nam           | e                   |            |                 |               |            |
| City                                       |                   | Province / State     | Po                  | ostal Code | / Zip Code      | Cour          | itry       |
| Telephone numbe                            | er: (             | )<br>Home            | (_                  |            | )               | 0.11.1        |            |
|  |                   | Home                 |                     |            |                 | Cell phone    |            |
| Email address: _                           |                   |                      |                     |            |                 |               |            |
| Gender: 🗌 Fema                             | ale 🗌 Male        | ☐ Non-Binary         | I desire mate       | erial in:  | ☐ English       | □French       | l          |
| Date of birth:                             | /                 | _/<br>Year           | NANB Registra       | ation #:   |                 |               |            |
|  |                   |                      |                     |            |                 |               |            |
| -  |                   | ☐ Registration       |                     |            | Non Practisii   |               |            |
| □Yes □ No                                  | Specify:          |                      |                     |            |                 |               |            |
| Have you ever be                           | en denied regis   | tration in another p | rovince, territory, | state or   | country?        |               |            |
| ☐ Yes ☐ No                                 | Specify:          |                      |                     |            |                 |               |            |
| ls your registration<br>in another jurisdi |                   | pended, revoked, s   | ubjected to condit  | tions or   | restrictions, c | or under inve | estigation |
| ☐ Yes ☐ No                                 | Specify:          |                      |                     |            |                 |               |            |
| Since you last ap                          | plied for registr | ation, have you bee  | n charged with or   | convict    | ed of a crimin  | al offence?   |            |
| ☐ Yes ☐ No                                 | Specify:          |                      |                     |            |                 |               |            |
| C. APPLICANTS                              |                   |                      |                     |            |                 |               |            |
|  |                   | Yes □ No             | Are you anticip     | ating ne   | ew employme     | nt?: Yes □    | No□        |
|  |                   |                      |                     | _          |                 |               | _          |
|  |                   | nployer:             |                     |            |                 |               |            |
| Name and location                          | on of anticipated | empiover:            |                     |            |                 |               |            |

REG

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| Are you returning to work after leave of ab   | sence?   | ′es □No   | If Yes From:_   | To:<br>dd/mm/yy dd/mm/yy  |
|---|--|---|---|---|
| Specify type of leave: Maternity Leave  |  |   |   | ,   |
| Sick Leave  |  |   |   |   |
| Long Term Disability  |  |   |   |   |
| Other   | ☐ Specify  |   |   |   |
| out.  | орсону <u></u>   |   |   |   |
| D. APPLICANTS WITH WORK OUTSIDE   | E OF NEW BR  | <u>UNSWIC</u> K   |   |   |
| Did you work as an RN outside of NB since<br>A confirmation of hours of work form must be<br>Also a verification of registration from the regi  | completed by a   | II employers in the la  | ast 5 years, and  |   |
| Name and Address of Empl  | oyer   | Your Position   | Perio   | od of Employment  |
|   |  |   | From:   | To:   |
|   |  |   | From:   | To:   |
|   |  |   | From:   | To:   |
| E. VERIFICATION OF CURRENT REGIS  | TD ATION   |   |   |   |
| A verification of registration is required to be obeen registered since your last active registrate.  I HEREBY CERTIFY THAT THE ABOVE INFO I understand NANB collects, uses and discloprotect the public, for professional regulation and also to provide or offer services to its mer Protective Society, Meloche Monnex or others members. I consent to receiving electronic of understand I may withdraw this consent at an disclosure of information I provide to NANB. | FORMATION IS oses personal ir research, statimbers directly or s ("third parties" communications | TRUE AND CORRI Iformation to carry of<br>stical, educational, in<br>through the Canadi<br>of when NANB determands the community of the conditions o | ECT.  out its mandate olanning and n an Nurses Assemines such serind parties resp | e under the <i>Nurses Act</i> to ursing database purposes ociation, Canadian Nurses vices may be of interest to pecting such services and |
| Date  | _  |   | Signat  | TITO  |
| F. PAYMENT (See next page for correct registration  | on fee schedule)   |   | Oignat  | uic   |
| I am paying by Certified cheque Mo  | ney order  | /isa MasterCard   |   | \$  |
| ALL NA  | ANB FEES ARE   | NON-REFUNDAB  | LE  |   |
| Credit card users, please complete the follow   | _  |   |   |   |
| Card number: _ / / / /- / / / /-  | <u>/ / / /- /</u>  | _/ /_ Expiry  | date/ <b>_/</b> -   | ·/  |
| Name of cardholder  |  | Author  | izing signature   |   |

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### 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.

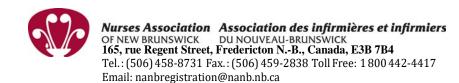
| REGISTRATION FEES  |                      |
|--|----------------------|
| December 1, 2021 - November 30, 2022<br>If lapsed                            | \$582.65<br>\$640.15 |
| June 1, 2022 - November 30, 2022   | \$373.55             |
| If lapsed  | \$431.05             |
| September 1, 2022 - November 30, 2022  | \$244.18             |
| If lapsed  | \$301.68             |
| NON PRACTISING FEES  |                      |
| Non practising membership If lapsed  | \$46.00<br>\$57.50   |
|  | ψ07.00               |
| 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.

| TRANSFER FROM NON PRACTISING TO PRACTISING FEES  These fees include a credit for non practising fees previously pa | nid      |
|--|----------|
| 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)

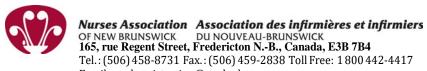
Please contact the **Registration Department** for further information or clarification at (506) 458-8731 or 1-800-442-4417 (NB only).



**VERIFICATION OF REGISTRATION** 

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| Name:           | Last name                         | First name                              | Mido                      | dle name     |
|-----------------|-----------------------------------|---|---------------------------|--------------|
| Maiden name     |                                   | Former name                             | (s):                      |              |
| Current addre   | PSS:                              |   |                           |              |
|                 | Apartment #                       | Street Number and Name                  |                           |              |
| City            |                                   | Province / State                        | Postal Code / Zip         | Country      |
| Date of birth _ | / / /<br>Day Month Year           | My registration number                  | r in your Jurisdiction:   |              |
| Graduated fro   | om:                               | Date of graduati                        | on: /                     | 1            |
|                 | School of Nursing                 |   | on: / Month               | Year         |
|                 | Date                              |   | Signature                 |              |
| ECTION B        | (To be completed by the Regulator | y Body and forwarded directly to NANB.) |                           |              |
| cting on beha   | alf of                            |   | , I do hereby ce          | rtify that   |
|                 | Regulatory B<br><b>a gr</b>       | ody<br>raduate of                       |                           |              |
| Nam             | e of applicant                    | Scho                                    | ool of nursing            |              |
| cated in        | City Province/State               | was issue                               | ed a certificate of regis | tration as a |
|                 |                                   | , bearing number                        |                           |              |
| he certificate  | was obtained by: Examin           | nation <u>EXAMINATION INFOR</u>         |                           | NE           |
|                 |                                   | Registration Examinat                   |                           |              |
|                 | ☐ Endors                          | Passing Score: Number of times wri      |                           | r (specify)  |
| he applicant's  | s current registration status     | s with this authority                   | Valid until               |              |
| he applicant's  | s registration / membership       | status for the past five years:         | Year                      | Status       |
|                 |                                   |   |                           |              |
|                 |                                   |   |                           |              |
|                 |                                   |   |                           |              |
| this registra   |                                   | revoked, subjected to condition         | s or restrictions, or un  | der          |
|                 |                                   |   |                           |              |
| nvestigation?   | ☐ Yes ☐ No                        |   |                           |              |



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## **CONFIRMATION OF HOURS**

| Li              | ast name   | First name                            | Mido                               | dle name                 |
|-----------------|--|---------------------------------------|------------------------------------|--------------------------|
|                 |  |                                       |                                    |                          |
|                 |  |                                       |                                    |                          |
|                 | Day Month Y  | /ear                                  | <b>#</b> :                         |                          |
| vas employed    | at your agency as a F  | Registered Nurse from                 | /to                                | /                        |
| nereby authoriz | ze you to release the int  | formation requested on this           | s form to NANB.                    |                          |
|                 | Date   |                                       | Signature                          |                          |
| CTION B (To     | be completed by employer a   | nd returned <u>directly</u> to NANB.) |                                    |                          |
|                 |  |                                       | oticed as a Degistered Nu          | uraa in thia inatitutia. |
| io nereby cen   | Name   | of Nurse                              | ctised as a Registered Nu          | irse in this institutio  |
|                 |  |                                       |                                    |                          |
| ne following is | s an <u>accurate account</u>   | of actual worked hours                | <u>per year</u> for each of the p  | ast five years.          |
| ne following is |  | of actual worked hours                | -                                  | ast five years.          |
| ne following is | Jan 1 to Dec 31,   |                                       | hours                              | ast five years.          |
| ne rollowing is | Jan 1 to Dec 31,<br>Ye Jan 1 to Dec 31,<br>Ye  | =                                     | hours hours                        | ast five years.          |
| ne following is | Jan 1 to Dec 31,<br>Ye  Jan 1 to Dec 31,<br>Ye  Jan 1 to Dec 31,<br>Ye                                       | ear =                                 | hours hours hours                  | ast five years.          |
| ne following is | Jan 1 to Dec 31,  Ye                       | = = = = = = = = = = = = = = = = = = = | hours hours hours hours hours      | ast five years.          |
|                 | Jan 1 to Dec 31,  Ye                       | = ear = ear                           | hours hours hours hours hours      | ast five years.          |
|                 | Jan 1 to Dec 31,  Ye  Jan 1 to Dec 31,  Ye | = ear = ear                           | hours hours hours hours hours      | ast five years.          |
| EMPLOYER        | Jan 1 to Dec 31,  Ye  Jan 1 to Dec 31,  Ye | = ear = ear = ear                     | hours hours hours hours hours Date | ast five years.          |