



APPLICATION FOR TEMPORARY EMERGENCY REGISTRATION

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: _____

Date of birth ____ / ____ / ____ **NANB Registration #:** _____
Day Month Year

B. EMERGENCY TEMPORARY REGISTRATION

Are you applying for Emergency Temporary Registration as:

Registered Nurse Nurse Practitioner Graduate Nurse

Are you currently registered as a Nurse or Nurse Practitioner in another province?

No Yes Specify: _____

Have you practised as a Registered Nurse, Nurse Practitioner, or Graduate Nurse within the past 5 years?

Yes No

If you have answered yes to the previous question, was any of those hours outside of New Brunswick?

No Yes **If yes, please complete the information below:**

Year: 2020	Province: _____	Practice Hours: _____
Year: 2019	Province: _____	Practice Hours: _____
Year: 2018	Province: _____	Practice Hours: _____
Year: 2017	Province: _____	Practice Hours: _____
Year: 2016	Province: _____	Practice Hours: _____
Year: 2015	Province: _____	Practice Hours: _____

C. DECLARATION QUESTIONS – CONDUCT HISTORY

You must answer the following questions about your conduct history. If you answer yes to any of these questions, you must provide details. Use a separate sheet, if necessary.

Have you ever been charged with, pleaded guilty to, been convicted of, or found guilty of an offence, for which you have not received a pardon? (This includes alcohol and drug related offences, but does not include parking, speeding or other minor motor vehicle offences that don't involve substance abuse).

No Yes Specify: _____

Are you aware of any previous or pending civil proceeding, legal action, insurance or other claim that was in any way related to your practice of nursing or your professional activities, which you have not previously reported to NANB?

No Yes Specify: _____

Have you ever practised nursing or been registered to practise nursing in another province or country?

No Yes Specify: _____

In addition to the information above, is there any event, circumstance or condition concerning your competence, character, capacity, conduct or reputation that may impact your registration or your ability to practise safely?

No Yes Specify: _____

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

Revised 2020-03-23

Complete, sign and return this form to NANB by email (nanbregistration@nanb.nb.ca).