



APPLICATION FOR REGISTRATION

Surname Given Name Other Names

Street City Province Postal Code

Country of Birth Citizenship

Home Telephone Number Alternative Telephone Number Date of Birth

School of Nursing Year of Graduation Email address

I desire material in: English French

Do you plan to work as a Graduate Nurse or Registered Nurse in New Brunswick? Yes No

Do you plan to write the examination in another Province? Yes No

If yes, which province: _____

Please indicate if you will need testing accommodations/support to write the entry-to-practice exam. If a testing accommodation is requested, supporting medical evidence may be required. Yes No

Have you ever been charged with or convicted of a criminal offence? Yes No

Have you every applied for Registration in another Canadian province? Yes No

If yes, what province(s): _____

Were you refused registration in any province(s)? Yes No

Have you completed a Criminal Records Check through www.csiscreening.com Yes No

Date: _____

Signature: _____