



Nurses Association Association des infirmières et infirmiers
OF NEW BRUNSWICK DU NOUVEAU-BRUNSWICK
165, rue Regent Street, Fredericton N.-B., Canada, E3B 7B4

VERIFICATION OF NURSE PRACTITIONER REGISTRATION

Section A

(To be completed by applicant. Forward this request to the jurisdiction(s) where you are currently registered as a nurse practitioner.)

I, _____
Given names Surname Maiden or Other Surname(s)

graduated from the _____ nurse practitioner School
program on _____. I am currently registered as a Nurse Practitioner

in the province of _____ under registration number _____.

Date: _____ Signature of applicant: _____

Section B

(To be completed by the designated authority that granted Nurse Practitioner registration.)

This is to certify that _____
Given names Surname Maiden or Other Surname(s)

graduated from _____ Nurse Practitioner School

Program on _____. This program of study was in primary healthcare or other specialty
(Please specify: _____). This was an approved program at the time

of completion _____
Yes/No

This applicant was issued a registration as a registered nurse practitioner on _____ day/month/year
bearing registration number _____.

Applicant's current registration status with this authority _____. Valid until _____.

Applicant's registration status for the past **2** years: Status _____ Year _____

Status _____ Year _____

Has this nurse practitioner registration ever been suspended or revoked? _____
Yes/No

If yes, please provide details.

SEAL

Signature

Title

Date