



For office use
Date of receipt stamp

APPLICATION FOR REINSTATEMENT OF REGISTRATION 2023

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 2022.

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: _____



Are you returning to work after leave of absence? Yes No If Yes From: _____ To: _____
 dd/mm/yy dd/mm/yy

Specify type of leave: Maternity Leave
 Sick Leave
 Long Term Disability
 Other Specify _____

D. APPLICANTS WITH WORK OUTSIDE OF NEW BRUNSWICK

Did you work as an RN outside of NB since you were last registered with NANB? Yes No

A confirmation of hours of work form must be completed by all employers in the last 5 years, and sent directly to NANB. Also a verification of registration from the regulatory body where you are currently registered is required.

Name and Address of Employer	Your Position	Period of Employment
		From: _____ To: _____
		From: _____ To: _____
		From: _____ To: _____

E. VERIFICATION OF CURRENT REGISTRATION

A verification of registration is required to be completed and sent directly to NANB by all regulatory bodies where you have been registered since your last active registration with NANB.

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

F. PAYMENT

Due to a change in our database and payment procedures, NANB will no longer accept manual payments sent by e-mail. Any credit card information that has previously been sent has been permanently deleted.

Once your reinstatement request has been processed, you will be sent an invoice by e-mail. Once received, you can log into your My Profile account to pay this invoice using your credit card under the 'My Invoices' heading. You will be able to print your receipt once it is paid.