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**VERIFICATION OF REGISTRATION: NURSE PRACTITIONER**

**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)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

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 Nursing Regulatory Body and forwarded directly to NANB at [nanbregistration@nanb.nb.ca](mailto:nanbregistration@nanb.nb.ca).

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/family all ages; 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 3 years:	Year	Status
	_____	_____
	_____	_____
	_____	_____

Has this nurse practitioner registration ever been suspended or revoked?  Yes  No  
If yes, please provide details.

OFFICIAL SEAL/STAMP

\_\_\_\_\_  
Date Title Name and Signature