

Language Proficiency: Request for Transcript



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

College of Nurses of Ontario
101 Davenport Rd., Toronto, ON M5R 3P1
www.cno.org

Telephone: 416 928-0900
Toll-free (Canada): 1 800 387-5526
Fax: 416 928-6507

Collection of Personal Information

Please review CNO's [Privacy Policy](#) to understand how your personal information will be used.

Instructions for applicants

Please complete Section 1 of this form. Once completed, send this form directly to the school to complete Section 2 and 3. Once completed, the school must send this form directly to CNO, along with a copy of your transcript.

SECTION 1: APPLICANT INFORMATION

Last name

First name

Date of birth (yyyy-mm-dd)

Application number

As part of my application to become a nurse in Ontario, CNO is requesting that your organization provides information about my education to demonstrate that I am proficient in the English or French language. I hereby give you (my previous and/or present school) consent to provide any and all information in your possession to CNO regarding my education. This shall constitute your legal authority to provide the information and any other information which CNO shall request which may, in any way, be relevant to my application.

Applicant's signature: _____

Date: _____
(yyyy-mm-dd)

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Instructions for school

The school must complete Sections 2 and 3 and attach a transcript. Once complete, send this form along with the transcript to CNO using one of the following ways:

- By mail in an official envelope showing the signature, seal, stamp, or logo of the signatory/organization, or
- By e-mail to enp@cnomail.org, or
- By fax or electronic fax to 416-928-6507

SECTION 2: SCHOOL INFORMATION

School Name

Address

City

Province

Postal code

SECTION 3: PROGRAM INFORMATION

Program Name

Program start date (yyyy-mm-dd)

Program end date (yyyy-mm-dd)

Primary language of instruction

Theory: English French

Clinical: English French

Practicum, placement or co-op experience: English French

The clinical practicum, placement or co-op experience involved (please check all that apply):

Direct interaction with patients, clients and/or healthcare professionals

Virtual simulation (Note: Virtual simulated clinical experience is not accepted exclusively)

Please attach the applicant's academic transcript to this form and send directly to CNO. Course descriptions are not required. CNO may request additional information if necessary.

First name and last name

Contact title

Telephone number

E-mail address

Signature: _____

Date: _____

(yyyy-mm-dd)