Verification of Course Completion and Transcript Request Registered Nurse/Practical Nurse

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

How to complete this form

Step 1: Applicant should complete section 1.

Step 2: The nursing school should complete section 2.

Step 3: The nursing school should return the fully completed form to the College of Nurses of Ontario (CNO) using the mailing address at the top of this form. See instructions in section 2 of this form.

Important

CNO will not accept this document if sent by the applicant; it must be sent by the school.

Collection of Personal Information

Please review the Privacy Policy on CNO's website (www.cno.org/privacy) to understand how your personal information will be used.

SECTION 1

To be completed by the applicant

Last name _____

First name _____

Applicant's mailing address _____

Apt/unit# _____

City _____

Province/State _____ Postal/Zip Code _____ Country _____

Date of birth (MM/DD/YYYY) _____

Gender: ❑ Female ❑ Male

Application number _____

Previous Name(s) _____

School of Nursing _____

Name of Program completed _____

❑ Registered Nurse

❑ Registered Practical Nurse

❑ Other _____

Graduation date (MM/DD/YYYY) _____

Student number (if applicable) _____

I authorize _____ to provide the information requested in Section 2
Name of the School of Nursing

and any and all information in its possession to the College of Nurses of Ontario regarding my education. This shall constitute your legal authority to provide any and all information which the College of Nurses of Ontario shall request which may, in any way, be relevant to my application.

Applicant's signature:_____ Date: _____
MM/DD/YYYY

FEB 2021
2021-11

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Section 2—Nursing School: Please complete Section 2 of this form and include an **official transcript** that includes a list of the grades achieved, a breakdown of hours of theory and clinical practice for each subject and a copy of the course descriptions/outlines and outcomes of the program the applicant completed. Send directly to the College of Nurses of Ontario in an envelope bearing the letterhead, seal or stamp of the Nursing School.

SECTION 2

To be completed by the Nursing school Attention applicant: Do not complete Section 2

School of Nursing

Type of school (e.g. College, Hospital, University, Vocational)

Address

Telephone number (include country code))

City/Town

Email address

Province/State Postal/Zip Code Country

Fax number (include country code)

1. Name of the program: _____

   _____

2. Total number of years of education required for admission to the program:_____ years

3. Date of admission:

   Date of completion:

4. How was the program primarily delivered?
   - ❑ On site — in class learning
   - ❑ Online — distance learning
   - ❑ Other (please specify): _____

4. Type of program
   - ❑ Certificate
   - ❑ Diploma
   - ❑ Associate Degree
   - ❑ Baccalaureate Degree
   - ❑ Other (please specify): _____

6. The program prepares graduates for practice as a:
   - ❑ Registered Nurse
   - ❑ Registered Practical Nurse
   - ❑ Other (please specify): _____

7. Was the nursing program recognized or approved in the jurisdiction in which the program was completed?
   - ❑ Yes ❑ No

8. The program was officially recognized or approved by:

   _____
   Name of the Nursing Regulatory Body/Board, Licensing/Recognition Governmental Authority or Accrediting Organization)

9. What is the primary language of your educational institution?_____
   Language of instruction – theory: _____
   Language of instruction – clinical: _____

I hereby certify that to the best of my knowledge this is a true statement of the record of the nursing program of the individual named in section 1 of this form.

Name (Please print) Title

Signature Date (MM/DD/YYYY)

Nursing School: Place school seal within the box provided below

Mail to: College of Nurses of Ontario
101 Davenport Rd., Toronto, ON M5R 3P1
Canada

Place Seal Here

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