

Verification of Registration



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 board should complete section 2.

Step 3: The nursing board 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 nursing board.

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		Date of birth (MM/DD/YYYY)
First name		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Applicant's mailing address		Application number
Apt/unit#	City	Previous Name(s)
Province/State	Postal/Zip Code	Country

I _____ graduated from _____
Please print your name Name of the School of Nursing

Located in _____, _____ on the following date _____
City Country MM/DD/YYYY

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

and any and all information in its possession to the College of Nurses of Ontario regarding my registration/licensure. 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

Section 2—Nursing Board of Registration: Please complete Section 2 of this form and send it directly to the College of Nurses of Ontario in an envelope bearing the letterhead, seal or stamp of the Nursing Board of Registration.

SECTION 2

To be completed by the nursing board Attention applicant: Do not complete Section 2

Name of the school of nursing	Name of the registrant
Location of the school of nursing	Date of admission: (MM / DD / YYYY)
	Date of completion: (MM / DD / YYYY)

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SECTION 2 cont'd



- Type of program completed:
 Registered Nurse
 Registered Practical Nurse
 Other (please specify): _____
- Was the nursing program recognized or approved in the jurisdiction in which the program was completed as qualifying the applicant to practise in that jurisdiction as a:
Registered Nurse Yes No
Registered Practical Nurse Yes No
- The program was officially recognized or approved by: _____
Name of the Nursing Regulatory Body/Board, Licensing/

Recognition/Governmental Authority or Accrediting Organization
- Registration was obtained by:
 Examination
 Endorsement
 Other (please specify): _____
- If registration was obtained by examination, please provide the following:
 CRNE CPNRE
 NCLEX
 Other (please specify): _____
- Number of times the registration examination was written: _____
Date examination passed: (MM / DD / YYYY)
- Category of registration:
 Registered Nurse
 Registered Practical Nurse
 Other (please specify): _____
- Original date of registration: (MM / DD / YYYY)
Expiry date: (MM / DD / YYYY)
- Registration/license number issued: _____
- Registration/license status:
 Active/Current
 Expired
 Other (please specify): _____
- Has the registrant ever been refused registration/licensure to practise as a nurse in your or any other jurisdiction?
 Yes No If yes, please attach explanation.
- Has the registrant's registration/license ever been revoked, suspended, surrendered, restricted or subject to individual terms and conditions?
 Yes No If yes, please attach explanation.

- Has the registrant been the subject of a finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding in relation to the practice of nursing or another profession?
 Yes No If yes, please attach explanation.
- Is the registrant currently the subject of an inquiry, investigation or a proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding in relation to the practice of nursing?
 Yes No If yes, please attach explanation.

If you are a Nursing Regulatory Board in Canada and the applicant holds a current registration/license in your jurisdiction, please confirm that the applicant is in Good Standing by answering the following questions:

- Is the registrant the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding?
 Yes No If yes, please attach explanation.
- Is the registrant in compliance with the continuing competency and quality assurance requirements of your board?
 Yes No If no, please attach explanation.

I _____
the registrar/secretary acting on behalf of the

Name of the nursing board where applicant/registrant is/was registered
do hereby certify that the foregoing statements are true statements of the registration record for

Name of the registrant

Name (Please print)

Title

Email address

Signature

Date (MM/DD/YYYY)

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

Place Seal Here