

CONFIRMATION OF LICENSURE (Canadian RPN regulatory bodies)

This form is for applicants for licensure as an RPN, and RPN licensees.

INSTRUCTIONS TO THE APPLICANT:

Please complete Section A only and forward the form to your current or former regulatory body.

SECTION A:

Name: _____				
Surname/Family Name	First or Given Name	Middle Name	Other Surnames: your surname at birth, your maiden name or other former names	
Address: _____				
Date of Birth: _____		Licensure number: _____		
I give my consent to you to provide the information requested in either Section B or C, as applicable, directly to the BC College of Nurses and Midwives.				
Date: _____		Applicant's signature		
DD-MM-YYYY				

INSTRUCTIONS TO THE LICENSING BODY:

Please provide the following information concerning the licensure information for the above named psychiatric nurse and return this form **directly** to the BC College of Nurses and Midwives. *(Note: This is not to be sent by the applicant)*

SECTION B – LICENSEES:

The records of the regulatory body indicate the following:

The above named has successfully completed an approved program in psychiatric nursing, and was issued license number: _____ on _____		Date current licensure expires or expired: _____											
DD-MM-YYYY		DD-MM-YYYY											
Status of Applicant's licensure:	<input type="checkbox"/> Practicing	<input type="checkbox"/> Non-Practicing											
Method by which the Applicant was licensed:	<input type="checkbox"/> Examination	<input type="checkbox"/> Endorsement											
Is Applicant eligible for licensure in your jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No											
Practice hours for the past five years:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Year:</td> <td style="width: 50%;">Hours:</td> </tr> <tr> <td>Year</td> <td>Hours:</td> </tr> <tr> <td>Year:</td> <td>Hours:</td> </tr> <tr> <td>Year:</td> <td>Hours:</td> </tr> <tr> <td>Year:</td> <td>Hours:</td> </tr> </table>			Year:	Hours:	Year	Hours:	Year:	Hours:	Year:	Hours:	Year:	Hours:
Year:	Hours:												
Year	Hours:												
Year:	Hours:												
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Year:	Hours:												
Has the Applicant passed a licensing exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year of Exam _____										
Was the exam given in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No											

SECTION B cont'd: The records of the regulatory body indicate the following:

If you answer "Yes" to any of the following questions, please provide details on a separate sheet of paper.

- Does the license of this psychiatric nurse have any current conditions or limitations? Yes No
- Is this psychiatric nurse currently under investigation? Yes No
- Has the license of this psychiatric nurse ever been encumbered, suspended, revoked, or denied? Yes No
- Does the psychiatric nurse have any physical/mental condition, disorder, and/or addiction impairing his/her ability to practice as a nurse? Yes No

SECTION C - ELIGIBLE TO REGISTER:

The records of the regulatory body indicate the following:

The above named has successfully completed an approved program in psychiatric nursing at:

on _____

NAME OF SCHOOL DD-MM-YYYY

Is the applicant eligible for licensure in your jurisdiction YES NO

Has the applicant registered for the RPNCE? YES NO _____

LOCATION DD-MM-YYYY

Has the Applicant passed a licensing exam? YES NO Year of Exam _____

Was the exam given in English? Yes NO

Practice hours, if applicable, for the past five years:

Year:	Hours:
Year	Hours:
Year:	Hours:
Year:	Hours:
Year:	Hours:

Name (please print your complete name)

Title (please indicate your official title)

Phone number (include country code if outside Canada)

Email Address

Date: _____
DD-MM-YYYY

Signature

IMPORTANT: Please send the completed form directly to BCCNM by email at register@bccnm.ca, or by mail to 900-200 Granville Street, Vancouver BC, Canada V6C 1S4.