



Unit 6 - 161 Maypoint Rd, Charlottetown PE C1E 1X6  
Tel: 902-368-3764 Fax: 902-628-1430 Email: [info@crnpei.ca](mailto:info@crnpei.ca)

**Application for Registration Reinstatement - RN**  
**For Applicants Previously Registered in PEI**  
within the last 3 years

In order to reinstate your registration in Prince Edward Island you must complete the following steps:

- Complete the attached documentation and pay the applicable fees.
- If you were previously registered in PEI and you are currently registered in another Canadian province or territory you are required to pay the general application fee, but you are not required to pay the reinstatement fee.
- If you held a registration in another jurisdiction, ask the Association/College to complete the attached verification of current registration and forward it directly to CRNPEI.
- Submit copy of change of name certificates if applicable eg. marriage/divorce certificates
- Ask your current/recent employer(s) to complete and forward the attached record of employment form.
- In order to qualify for reinstatement, you must provide evidence of Continuing Competency in a form acceptable to the Coordinator of Regulatory Services.
- Submit a current criminal record check that includes a vulnerable sector check (if your prospective employer requires a vulnerable sector check). The criminal record check must have been issued within one month prior to submission. If you have resided outside of Canada within the previous two years an international criminal check is also required.

We will be in touch with you upon receipt of these documents.



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## Verification of Nurse Registrations

**Section A** - Complete Section A and forward to any registering/licensing authority who issued you a registration/licensure since you were last registered in PEI. Request they verify your status by completing Section B.

Name \_\_\_\_\_  
Surname Given Names Birth/Former Names(s)

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Month/Day/Year

School of Nursing & Location \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Year registered in your jurisdiction \_\_\_\_\_ Registration Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Section B** - To be completed by the registering/licensing authority and returned directly to the College of Registered Nurses of Prince Edward Island.

Acting on behalf of the \_\_\_\_\_  
Name of Registering Authority

I do hereby certify that \_\_\_\_\_  
Surname Given Names Birth/Former Names

a graduate of \_\_\_\_\_  
School of Nursing Location

was issued a certificate of registration as a registered general nurse by this jurisdiction on \_\_\_\_\_  
Month/Day/Year

Registration Number \_\_\_\_\_ Registration was obtained by examination \_\_\_\_\_ endorsement \_\_\_\_\_

Registration status \_\_\_\_\_ Expiry date of registration \_\_\_\_\_

Is/has this registration/license ever been suspended, had conditions imposed, revoked or under investigation? (If yes, please attach an explanation.) YES/NO \_\_\_\_\_ If yes, has this registration/license been reinstated? YES/NO \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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### Statement from Current/Most Recent Employer

**Section A** - Complete Section A and forward to your current/most recent employer requesting completion of Section B.

Name: \_\_\_\_\_  
Surname Given Names Birth/Formal Name(s)

Employee #: \_\_\_\_\_ Telephone #/Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B** - The above named applicant is applying for registration with the College of Registered Nurses of PEI. Please complete the following statements in relation to the applicant's **employment as a registered nurse**. If you are aware of a **professional, ethical and/or impairment** that would indicate a registration should not be granted, please state it. Please return the completed form to CRNPEI by mail or email.

This is to verify that \_\_\_\_\_  
Name of Employee

was employed by \_\_\_\_\_  
Name of Organization

\_\_\_\_\_ Mailing Address

between \_\_\_\_\_ and \_\_\_\_\_ Position: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Please indicate hours of employment within the previous five years:

YEAR	RN HOURS WORKED

Eligible for Re-Hire (If "No", please explain): \_\_\_\_\_

General Performance/Comments/Concerns:

\_\_\_\_\_ Name Title Telephone #/Email address

\_\_\_\_\_ Signature Date

**COLLEGE OF REGISTERED NURSES  
OF PRINCE EDWARD ISLAND**

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**VISA/Mastercard Payment Authorization Form**

Name as it appears on credit card

Name as it appears on application if different than the name on the credit card

Phone number where the card holder can be reached

Email address

Please indicate which fee you are paying for

Please bill my ☐ **VISA**

☐ **MASTERCARD**

in the amount of \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Verification Code (on back of card) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** The credit card information provided on this form will not be retained.  
Upon authorization of the payment request all credit card information will be destroyed