



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)

### **Instructions for Applying for Registration as a Nurse Practitioner in Prince Edward Island**

The following steps/procedures must be followed when applying for registration as a Nurse Practitioner with the College of Registered Nurses of Prince Edward Island (CRNPEI).

If you are not registered as an RN in PEI, before you begin this application, complete an RN Registration Application Form and all its applicable requirements.

1. PART I - Complete and return to CRNPEI at the above address with payment of the applicable fees (\$100).

PART II - Forward to nurse registering authorities where you established registration past or current as a Nurse Practitioner, i.e. upon completion of your nursing education program, and request them to complete and return it directly to CRNPEI.

PART III - Forward to the all nurse registering bodies where you established registration past or current (if different from Part II) and request them to complete and return it directly to CRNPEI.

2. Request your last employing agency(s) to confirm the amount of time you worked there on the enclosed "Statement from Current/Most Recent Employer" form. You must have worked a minimum of 1800 hours of paid Nurse Practitioner employment within the previous three years or have graduated from an approved Nurse Practitioner educational program within the previous three years.

Upon receipt of all of the above, we will notify you as to your eligibility for registration as a Nurse Practitioner.



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## Application for Registration as a Nurse Practitioner in Prince Edward Island

### Part I - To be completed by the applicant and returned to the College of Registered Nurses of Prince Edward Island.

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Nurse Practitioner Education \_\_\_\_\_  
School of Nursing Location

Course Started: \_\_\_\_\_ Course Completed: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Focus of Study (e.g. PHC, family all ages, adult, pediatric etc.) \_\_\_\_\_

#### Nurse Practitioner Employment:

Name and Address of Employer Position Dates - From... To... Month/Year

\_\_\_\_\_

\_\_\_\_\_

Nurse Practitioners in Prince Edward Island have the authority to prescribe Controlled Drugs and Substances (CDS).

Please indicate whether your NP program included theory on Controlled Drugs and Substances. ☐ Yes ☐ No

If no, have you completed a theory course on CDS? ☐ Yes ☐ No

If yes, please specify which course and submit proof of successful completion. \_\_\_\_\_

Have you ever had any conditions placed on a registration or had your Nurse Practitioner registration suspended, cancelled, revoked or terminated for reasons of incompetence or misconduct? ☐ Yes ☐ No

Have you ever been disciplined by a registration or licensing authority? ☐ Yes ☐ No

Have you ever been convicted of an indictable offence for which you have not received a pardon? ☐ Yes ☐ No

I declare the above statements to be true. \_\_\_\_\_  
Date Signature



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## Application for Registration as a Nurse Practitioner in Prince Edward Island

**Part II - Section A:** To be completed by the applicant and forwarded to the jurisdiction where registration as a nurse practitioner was originally established.

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

Address \_\_\_\_\_

Nurse Practitioner Education Program & Location \_\_\_\_\_

Year of N.P. graduation \_\_\_\_\_ Year registered/licensed as an N.P. in original jurisdiction \_\_\_\_\_ N.P. registration no. \_\_\_\_\_

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

**Section B:** To be completed by the authority that granted nurse practitioner registration. Please return completed form to CRNPEI.

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

I do hereby certify that \_\_\_\_\_  
Surname Given Names Birth/Formal Names Year of Birth

is a graduate of \_\_\_\_\_  
Nurse Practitioner Education Program Location

and that the Nurse Practitioner education program was an approved program at the time of completion.

Focus of Study (e.g. PHC, family all ages, adult, pediatric etc.) \_\_\_\_\_

The original registration certificate/license as a Nurse Practitioner was issued by this jurisdiction on \_\_\_\_\_  
Month/Day/Year

N.P. registration number \_\_\_\_\_ Registration/licensure was obtained by examination \_\_\_\_\_ endorsement \_\_\_\_\_

N.P. registration/licensure status \_\_\_\_\_ Expiry date of registration/licensure \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
Name of Exam Date Written Passing Score/Results

If the examination has been written more than three times, please indicate on a separate sheet.

\_\_\_\_\_  
Signature Name (please print)

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



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## Application for Registration as a Nurse Practitioner in Prince Edward Island

**Part III - Section A:** To be completed by the applicant and forwarded to every jurisdiction where registration as a nurse practitioner was established.

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

Address \_\_\_\_\_

Nurse Practitioner Education Program & Location \_\_\_\_\_

Year of N.P. graduation \_\_\_\_\_ Year registered/licensed as an N.P. in original jurisdiction \_\_\_\_\_ N.P. registration no. \_\_\_\_\_

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

**Section B:** To be completed by the authority that granted nurse practitioner registration. Please return completed form to CRNPEI.

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

I do hereby certify that \_\_\_\_\_  
Surname Given Names Birth/Formal Names Year of Birth

a graduate of \_\_\_\_\_  
Nurse Practitioner Education Program Location

was issued a certificate of registration as a Nurse Practitioner by this jurisdiction on \_\_\_\_\_  
Month/Day/Year

N.P. registration number \_\_\_\_\_ Registration/licensure was obtained by examination \_\_\_\_\_ endorsement \_\_\_\_\_

N.P. registration/licensure status \_\_\_\_\_ Expiry date of registration/licensure \_\_\_\_\_

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 \_\_\_\_\_ Name (please print) \_\_\_\_\_

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



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### Statement from Current/Most Recent Employer

#### Section A

**Applicant:** Complete Section A and forward form to your current/most recent employer as a Nurse Practitioner requesting completion of Section B.

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

Employee # \_\_\_\_\_ Telephone #/E-mail Address \_\_\_\_\_

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

#### Section B

**EMPLOYER:** The above-named applicant is applying for registration as a Nurse Practitioner with the College of Registered Nurses of Prince Edward Island. Please complete the following statements in relation to the applicant's **employment as a Nurse Practitioner**. 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 the College of Registered Nurses of Prince Edward Island. **A response by fax or email is acceptable.**

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

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

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

between \_\_\_\_\_ and \_\_\_\_\_  
month/day/year month/day/year

Employment Status: \_\_\_\_\_ Position: \_\_\_\_\_  
(indicate one) full time/part time

Total hours practiced within the previous three years \_\_\_\_\_ Eligible for Re-Hire (If "No", please explain) \_\_\_\_\_

General Performance/Comments/Concerns:

\_\_\_\_\_ Signature Name (please print)

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

**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