



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 Special Registration - RN When Currently Registered in Canada**

Special Registration with CRNPEI is for the purpose of RNs who will be practicing as an RN for a short period of time or for a specific reason. In order to be eligible for Special Registration in PEI, an RN must already have a practicing registration in another province or territory – referred to as their “home jurisdiction”. Special Registration is valid for 30 days from the date of issue and may be requested up to three times in a registration year.

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

#### **PART I** - Complete and return to CRNPEI with

- the non-refundable application fee of \$40 in Canadian funds
- copy of birth certificate
- copy of change of name certificates eg. marriage/divorce certificates
- copy of government-issued identification with your photo on it (such as a photocopy of your passport photo page or driver's license).

**PART II** - Forward to the nurse registering authority where you were originally registered and request them to complete and return Part II 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.

**PART IV** - Forward to your current/most recent employer and request them to complete and return Part IV directly to CRNPEI. You must have worked a minimum of 1125 hours of paid nursing employment within the previous five years or have graduated within the previous five years.

**PART V** - Submit a 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 the date of submission. If you have resided outside of Canada within the previous two years an international criminal record check is also required.

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



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## Application for Special Registration - RN

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

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

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Gender ☐ Female ☐ Male  
Month/Day/Year

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

Program Started: \_\_\_\_\_ Program Completed: \_\_\_\_\_  
Month/Year Month/Year

#### Nursing Experience Since Graduation: (List three most recent employers)

Name and Address of Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the first day your employment is expected to commence on PEI, including orientation/training? \_\_\_\_\_

What is the nature of your employment on PEI (i.e. clinic, course work, course instruction)? \_\_\_\_\_

Have you ever had any conditions placed on your registration or had your 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

Are you proficient in English? ☐ Yes ☐ No

Are you entitled to work in Canada? (citizenship, work permit, work visa) ☐ Yes ☐ No

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

**By signing this application form:**

I authorize CRNPEI to carry out the procedures necessary for the assessment of my eligibility for registration. This includes making copies of my application documents for the purpose of assessment and/or contacting the institutions or authorities stated on this application to verify the authenticity of my documents and the information provided regarding the educational institutions, regulatory bodies, and employers listed in my application.

I declare that all of the information I have provided on this form is complete and truthful.

I understand that CRNPEI will immediately:

1. stop the assessment of my application and
2. that my application for assessment will be cancelled, registration will be refused, and I will be banned from applying to the CRNPEI in the future if:
  - a. I have provided any inaccurate information; or
  - b. I have omitted required information; or
  - c. the CRNPEI determines that any documents submitted during the application or assessment process have been altered, tampered with or forged.

This applies to all documents received during the application process, including verifications of registration and written correspondence. CRNPEI will not issue a refund and will retain all documents submitted with my application.

I understand that in order to practice nursing in Prince Edward Island, I am required by law to hold a registration with CRNPEI before I commence employment, including any orientation.

I understand that the Registrar may destroy the application and supporting documentation of an applicant if the applicant has not completed the application within two years of the date the applicant submitted to the Registrar the completed application form.

I have read and understand the above and the information on this form and agree to the terms stated herein.

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Signature of Applicant

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Date



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## Application for Special Registration - RN

### Part II - Verification of Original Nurse Registration and Examination Scores

**Section A** - Complete Section A and forward to the registering/licensing authority who issued your **ORIGINAL** registration/licensure. 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 original jurisdiction \_\_\_\_\_ Registration Number \_\_\_\_\_

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

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

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

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

is a graduate of \_\_\_\_\_  
School of Nursing Location Type of Program

and that the nursing education program was an approved program at the time of completion. The original registration certificate/license as a general registered nurse was issued by this jurisdiction on \_\_\_\_\_

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

Examination written \_\_\_\_\_ Number of writings \_\_\_\_\_

Date exam passed \_\_\_\_\_ Passing score \_\_\_\_\_

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



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## Application for Special Registration - RN

### Part III - Verification of Current Nurse Registration

**Section A** - 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.

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 \_\_\_\_\_

**Section B** - To be completed by the registering/licensing authority issuing registration/licensure 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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### Part IV - Statement from Current/Most Recent Employer

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

Name: \_\_\_\_\_  
Surname Given Names Birth/Former 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



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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.