



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

**Application for Registration Reinstatement - NP
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 are currently registered 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. 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.



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

Verification of Current Nurse Practitioner Registration

Section A - Complete Section A and forward to the registering/licensing authority who issued your **CURRENT** 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

Nurse Practitioner Education & Location _____

Year of NP Graduation _____ Year registered as NP in your jurisdiction _____ NP Registration No. _____

Signature _____ Date _____

Section B - To be completed by the registering/licensing authority issuing **CURRENT** 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 _____
Nurse Practitioner Education Program Location

was issued a certificate of registration as a registered nurse extended class by this jurisdiction on _____
Month/Day/Year

NP Registration Number _____ Registration was obtained by examination _____ endorsement _____

NP 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 _____



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

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/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 nurse practitioner**. If you are aware of a **professional, ethical and/or health problem(s)** 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	NP HOURS WORKED

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

General Performance/Comments/Concerns:

Name Title Telephone #/Email address

Signature Date