



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

Instructions for Applying for Registration as a Graduate of a Nurse Practitioner education program outside PEI

The following steps must be completed when applying for registration as a nurse practitioner with the College of Registered Nurses of Prince Edward Island (CRNPEI).

PART I - Complete and return the application to CRNPEI at the above address with payment of the applicable fees.

PART II - Forward to the school of nursing where you completed your nurse practitioner educational program and request them to complete and return it directly to CRNPEI.

Upon receipt of the above we will notify you as to your eligibility to apply for the nurse practitioner examination.



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

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 PEI.

Name _____
Surname Given Names Birth/Former 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 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 CRNPEI approved theory course on CDS? Yes No

CRNPEI approved courses include:

1. Athabasca University – Prescription and Management of Controlled Drugs and Substance
2. Council of Ontario University Programs in Nursing (COUPN) – Continuing Education for Nurse Practitioners Prescribing Narcotics and Controlled Substances
3. Saskatchewan Polytechnic – CDS Module for RN(NPs)

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

I declare the above statements to be true.

Date

Signature



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

Application for Registration as a Nurse Practitioner in Prince Edward Island

Part II - Verification of Nurse Practitioner Education

Section A: The applicant will complete Section A and forward to the school of nursing for verification of nurse practitioner education program.

I, _____
Given names (please print) Surname Birth/former name(s)

graduated from the _____ nurse practitioner education program
School

on _____.

Date _____ Signature of applicant _____

Section B: Verification of Nurse Practitioner Education Program

To be completed by the designated authority that granted nurse practitioner education program. The form must be sent directly from the designated authority to CRNPEI.

This is to certify that the above-named applicant was admitted to _____
School/Institute

nurse practitioner education program on _____ and completed the program on _____.
month/day/year month/day/year

The focus of study was (please specify) _____.

The length of the program was _____ months.

The number of theory hours were _____. The number of clinical hours were _____.

At the time the applicant completed the program, it was officially approved by _____.
Regulating/accrediting authority

An official transcript of marks is enclosed.

Date _____ Title _____

Signature _____ Name _____