



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 Special Registration - NP

Special Registration with CRNPEI is for the purpose of NPs who will be practicing as an NP for a short period of time or for a specific reason. In order to be eligible for Special Registration in PEI, an NP 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 established original registration as a Nurse Practitioner and request them to complete and return Part II directly to CRNPEI.

PART III - Forward to the nurse registering authority where you are currently registered as a Nurse Practitioner (if different from Part II) and request them to complete and return Part III 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 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.

PART V - Submit a criminal record check that includes 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 check is also required.

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



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

Application for Special Registration - NP

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

NP Education _____
Nurse Practitioner Education Program Location

Course Started: _____ Course Completed: _____
Month/Year Month/Year

Focus of Study (e.g. family all ages, adult, pediatric) _____

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

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

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. _____

Indicate the first day you wish your employment 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 Nurse Practitioner registration suspended, cancelled, revoked or terminated for reasons of incompetence or misconduct? Yes No

Have you ever been disciplined by an employer or 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

Are you proficient in English? 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 as a nurse practitioner 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.

Signature of Applicant

Date



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

Application for Special Registration - NP

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

Section A - Complete Section A and forward to the registering/licensing authority who issued your **ORIGINAL** Nurse Practitioner 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 Program & Location _____

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

Signature _____ Date _____

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

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 _____
Nurse Practitioner Education Program Location Type of Program

and that the Nursing Practitioner education program was an approved program at the time of completion. The original registration

certificate/license as a Nurse Practitioner was issued by this jurisdiction on _____
Month/Day/Year

NP Registration number _____ Registration/licensure was obtained by examination _____ endorsement _____

NP Registration 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

Examination written _____ Number of writings _____

Date exam passed _____ Passing score _____

Signature _____ Name (Print please) _____

Title _____ Telephone or Email address _____ Date _____



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

Application for Special Registration - NP

Part III - Verification of Current Nurse Practitioner Registration

Section A - Complete Section A and forward to the registering/licensing authority who issued your **CURRENT** Nurse Practitioner 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 Program & Location _____

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

Signature _____ Date _____

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

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 Nurse Practitioner by this jurisdiction on _____
Month/Day/Year

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

NP Registration status _____ Expiry date of NP 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 _____ Name (Print please) _____

Title _____ Telephone or Email address _____ Date _____



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

Application for Special Registration - NP

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 and licensure 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



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

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 _____

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.