COLLEGE AND ASSOCIATION OF NURSES
of the Northwest Territories and Nunavut

Phone: (867) 873-2745 / Fax: (867) 873-2336 / Email: info@rnantnu.ca
P .0 Box 2757, Yellowknife, NT XlA 2Rl

NP EXPEDITED APPLICATION -Virtual/Telehealth Services

Identification (Please print)

Full Legal Name: (include middle initial or name)	Maiden or previous Name:
Mailing Address: (City/Town, Province/Territory, Postal Code)	
Email:	
Phone numbers: Work:	Cell or Home:
Date of Birth:	Female ☐ Male ☐ Other ☐

Registration Eligibility

NOTE: If you answered "yes" for any of the eligibility questions, please attach documentation (e.g., letter of explanation, pardon). You must immediately notify the CANNN if there are any changes to the above circumstances.

Q1	☐ Yes ☐ No	Are you fluent in English
Q2	☐ Yes ☐ No	Are you affected by or diagnosed with a physical, mental condition/illness, disability, or drug/ alcohol addiction which may affect your ability to practice nursing?
Q3	☐ Yes ☐ No	Is your registration currently, or has it ever had conditions attached, been suspended, revoked or under investigation in any jurisdiction?
Q4	☐ Yes ☐ No	Have you ever been denied registration?
Q5	☐ Yes ☐ No	Are you currently completing, or have you ever had to complete undertakings as part of a professional conduct review with any professional regulatory body?
Q6	☐ Yes ☐ No	Have you ever been found guilty of a criminal offence in any province, territory, state or country, or do you have any outstanding charges? This includes any criminal offence for which your received a pardon.

Consent:

☐	I declare I am applying for registration with CANNN for the sole purpose of providing nursing care by virtual/telehealth to NWT/NU residents.
☐	I declare that I have completed a minimum of 1125 hours (NP) in the last 4 years.
☐	I declare I have completed a continuing competence/quality assurance plan in my home jurisdiction.

_____ _____

Signature **Date**