



Special Assignment Class (Emergency)

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Attention: **Emergency** E-mail: cno@cnomail.org
Registration

Application for Registration

This form must be completed by the applicant.

Instructions - Please read carefully:

1. This form **cannot** be processed unless both sides are completed and signed by the applicant.
2. If you **fax** this form, please **fax** both sides of this form.
3. Incomplete forms will be returned unprocessed.

Last Name

First Name

Address

Apt. No.

City

Province

Country

Postal Code

Gender: F M

Date of Birth (DD/MM/YYYY)

Home Phone #

Work Phone #

E-mail

Former Name(s)

List your employers during the last five years. If you need more space, use a separate sheet and attach it to this form.

Current or Previous Employer

Current or Previous Employer

Address

Address

Date of Employment: Start

Finish

Date of Employment: Start

Finish

1. Have you ever been registered with the College of Nurses of Ontario (the College)?

No Yes

If Yes, please indicate the following:

RN Registration # _____

RPN Registration # _____

NP Registration # _____

2. Please indicate your language of preference when communicating with the College:

English French

Declaration of Registration Requirements for All Classes

NAME: _____

Please complete and sign this side of the form to avoid delays in your application

- 1. Are you a Canadian Citizen, a holder of permanent resident status of Canada, or authorized under the *Immigration and Refugee Protection Act* to practise the nursing profession in Canada? 1. NO YES

If you answered "YES" to question 1, PLEASE PROVIDE PROOF OF YOUR STATUS by attaching a photocopy of your: Canadian Birth Certificate OR Permanent Resident Card / Landed Immigrant Documentation (IMM-1000 FORM) OR Certificate of Canadian Citizenship OR current Canadian Passport OR Certificate of Indian Status OR valid Work Permit. If the name on your citizenship document is different from the name on this form, you must submit a copy of a legal document (i.e., birth or marriage certificate, divorce decree) to validate both names

- 2. Have you ever been denied registration/licensure by a registration/licensing authority for nursing (RN/RPN) in any province, territory, state or country? 2. NO YES

- 3. Are you currently under investigation, or involved in any proceedings, which could result in the encumbrance of your registration/licensure by a registration/licensing authority for nursing or another health profession in Ontario or in another province, territory, state or country? 3. NO YES

- 4. Have you ever had your nursing registration/licensure revoked, suspended, surrendered, restricted or subjected to individual terms and conditions by a registration/licensing authority for nursing or another health profession in Ontario or in another province, territory state or country? 4. NO YES

- 5. Have you ever been found guilty of a criminal offence? For explanation of what constitutes a finding of guilt of a criminal offence, please refer to the Requirements for Becoming a Nurse in Ontario, suitability to practice section in Registering as a Nurse in Ontario. 5. NO YES

- 6. Have you ever been found guilty of an offence under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada)? 6. NO YES

- 7. Have you ever been, or are you currently, affected by a physical or mental condition or disorder that could affect your ability to practise nursing? It is not necessary that your condition or disorder be currently affecting your practice in order for you to have a reporting obligation. For an example, please refer to the Requirements for Becoming a Nurse in Ontario, suitability to practice section in Registering as a Nurse in Ontario. 7. NO YES

If you answered "YES" to question 2, 3, 4, 5, and/or 6, PLEASE PROVIDE MORE DETAILS.

I, _____, hereby certify that I am the person applying for a Special Assignment Certificate (Emergency) and that all statements are true and complete in every respect. I understand that falsification of information on this application may result in the cancellation of my application for registration or cancellation of any certificate which may be issued.

Date: _____

Signature: _____