

APPLICATION FOR BIENNIAL RENEWAL OF LICENSE

FORM I

Instructions

- 1. Please print or type all information legibly.
2. Attach all documents verifying continuing education activities.
3. Incomplete or wrong application and documentation will not be processed.

Name:

(Surname) (Maiden Name) (First Name)

Credential: (Please check (v) as appropriate

- Advance Practice Nurse (APN) Public Health Nurse (PHN)
Clinical Nurse Specialist (CNS) Rural Health Nurse (RHN)
Registered Nurse (RN) Nursing Assistant/Midwife (NA/M)
Registered Nurse Midwife (RNM) Certified Operating Room Technician
Nursing Assistant (NA) Certified Dialysis Nurse

Present Employer:

Current Position /Title:

Employment Status: Full time Part Time Unemployed

Home Address:

Phone #: Email:

Civil Status: single married divorced other

Sex: male female

STATEMENT OF UNDERSTANDING

I hereby apply for biennial renewal of license (s) in accordance with the Rules and Regulations of the Council. I understand that I am subject to all requirements of biennial renewal as described in the information provided by the Council, and that renewal of license (s) depends on successful completion of ALL specified requirements. If re-licensure is granted, my name will appear on the list of re-licensed registrants/enrollees.

I fully understand that unless my license is renewed, I shall not practice.

To the best of my knowledge the information provide on this application is complete and accurate.

Signature

Registration/License No#

Date

FOR OFFICE USE ONLY
Date Received:
Receipt No.:
Renewal Date:
Notes: