



Verification of Registration

SECTION A – PERSONAL INFORMATION

To be completed by APPLICANT and forwarded to current or most recent non-RPN regulatory body.

Full Name: _____
Surname Given Name(s) Middle

Other Name(s): _____
(your last/family names at birth, your maiden name, or any other former/current names used)

Address: _____
Street Address Apartment/Unit #

City Province Postal Code Country

CRPNS Registration #: _____ **Date of Birth:** _____
Note: If you do not have a Sask RPN license number leave blank mm-dd-yyyy

I give my consent to you, to provide the information requested in sections B and C of this form directly to the College of Registered Psychiatric Nurses of Saskatchewan (CRPNS).

Email Address: _____ **Phone #:** _____

Signature: _____ **Date:** _____
mm-dd-yyyy

SECTION B – CURRENT or FORMER REGISTRANTS

To be completed by the REGULATORY BODY and forwarded directly to CRPNS.
 Please provide the following information concerning the above-named applicant.

Regulatory Body: _____

Profession: _____

Registration Number: _____ **Date Issued:** _____ **Valid to/Expired:** _____
mm-dd-yyyy mm-dd-yyyy

Current status of applicant's registration: Practicing Non-Practicing Inactive/Former Member



SECTION C – ALL REGISTRANTS

Does this applicant have any current conditions or limitations on their registration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this applicant currently under investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the registration/license of this applicant ever been encumbered, revoked, suspended or denied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this applicant have a physical or mental condition/disorder and/or any substance use disorder, that impairs their ability to practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered “Yes” to any of the above questions, please include additional details below or on a separate page.

Full Name: _____
Please print your complete name

Title: _____
Please indicate your official title

Phone Number: _____
Including country code if outside Canada

Email: _____



Signature: _____

Date: _____
mm-dd-yyyy