



INTERNATIONALLY EDUCATED NURSE: APPLICANT INSTRUCTIONS

Applicants for initial registration as a registered nurse are requested to complete and submit an application to ARNNL so that eligibility for registration can be determined. All nurses who wish to practise nursing in Newfoundland and Labrador must obtain an interim license or a licence to practise from the Association of Registered Nurses of Newfoundland & Labrador (ARNNL) before commencing employment, which includes orientation. Interim licenses are issued in accordance with the ARNNL By-laws and a practising licence **must** be renewed by 31 March of each year.

The application package and required forms for nurses who are international graduates who have never been registered in a Canadian jurisdiction can be downloaded at: <http://www.arnnl.ca/pg.php?r=53>

Please review the following requirements prior to completing the application.

REQUIREMENTS FOR REGISTRATION FOR NURSES WHO ARE INTERNATIONAL GRADUATES AND WHO HAVE NEVER BEEN REGISTERED IN A CANADIAN JURISDICTION

1. All applicants are required to meet the following:

a) **Language Requirements**

- The applicant must be competent in the English Language: Applicants whose first language is not English, or who have completed their nursing education in a country where the everyday language is not English, are required to successfully complete a test(s) of English. The test with the acceptable scores are:
 - TOEFL (Test of English as a Foreign Language) score minimum of 550/213 **plus** TSE (Test of Spoken English) score of 200/50.
 - TOEFL (Test of English as a Foreign Language (IBT)). Total minimum score of 86 with scores of 26 - speaking, 20 - listening, 20 - reading, and 20 - writing.
 - IELTS (International English Language Testing System - Academic) overall score of 6.5 with speaking score of 7
 - MELAB (Michigan English Language Assessment Battery) score of 83.
 - Effective January 1, 2004 TOEIC (Test of English for International Communication) score of 800 **plus** TSE score of 200/50.
 - CELBAN (Canadian English Language Benchmark Assessment for Nurses). Scores: Speaking - 8, Listening - 9, Reading - 8, Writing - 7.

A copy of the official results must be submitted with the application. **This is required before the application for registration can be processed.** *An original report of the test scores is also required to complete the application. Please request the testing company to send an original report of your scores directly to ARNNL.*

Effective April 14, 2009:

- * Test scores are valid for two years from the testing date.
- * Applicants whose test scores expire during the application process will be required to repeat a Test of English prior to being approved to write the Canadian Registered Nurse Exam or being issued an interim license or registration with ARNNL.

b) **Verification of Nursing Education**

- The applicant must have completed an approved/recognized post-secondary nursing education programme that included theoretical and clinical experience in nursing practice with adults, nursing practice with children, nursing practice with women and childbearing families, psychiatric and mental health nursing and, for graduates after 1 January 2000, in community health nursing. The programme must have prepared the graduate as a generalist with the competencies for entry into the nursing profession as defined and assessed by the Association.
- If the applicant did not have the required theoretical or clinical experience and/or the competencies required for practice, the deficient area(s) may be achieved through formal or informal education and/or experiential learning as defined and assessed by ARNNL.

c) **Verification of Registration**

- The applicant must have written and passed nurse registration examination(s) in original jurisdiction where the basic nursing education was completed.
- The applicant must be registered as a general nurse in the country in which the basic nursing course was completed.

d) Reference and Verification of Nursing Practice Hours

- The applicant must have satisfactory reference(s). Reference(s) from current and previous employer(s) are required to determine eligibility for an interim license. Effective April 1, 2010, all Internationally Educated Nurses (IENs) are required to receive a satisfactory Newfoundland and Labrador (NL) reference in order to meet the requirements of the Article VI, Section 1(d) “must have satisfactory reference” for registration. The NL reference must be obtained prior to an IEN applicant writing the CRNE.
- The applicant must have official documentation submitted directly from the employer(s) verifying the number of hours practised in nursing, broken down by hours per ARNNL licensure year, i.e. 1 April - 31 March, for the preceding sixty (60) month period. Or the applicant must provide official documentation of having:
- completed a basic diploma or university diploma programme or baccalaureate nursing programme, or graduate programme in a health related discipline during the preceding sixty months (60) period, OR
- successfully completed an approved nursing refresher or RN re-entry programme during the preceding sixty (60) month period, OR
- enrolled in a university nursing programme, nurse practitioner programme or graduate programme in a health related discipline, and at the time of admission was eligible for a practicing licence, for a maximum of sixty (60) months.

e) Proof of Identification

- The applicant must submit legal identification with the application form (copy of birth certificate, marriage license or change of name document (if applicable)), together with a recent passport photograph. **A photocopy of a photograph is not acceptable.**
- The applicant must submit a copy of the applicant's most recent nursing licence to practise.

f) Application & Fees

- The applicant must complete and sign the application.
- The applicant must pay a processing fee \$169.50 with the application. The application will be returned if the fee is not remitted with the form.

Fees being remitted on a Canadian or US account may be paid by cheque or money order. A US cheque must state US funds. Fees remitted outside of Canada or US must be paid by money order in the amount of \$169.50. Fee can also be paid by wire transfer, please see Part 6 of Application Form. All fees are payable to the Association of Registered Nurses of Newfoundland & Labrador.

g) Review of Application

- On receipt of specific documents, your application will be reviewed to determine your eligibility for an interim license in accordance with ARNNL By-laws.
- Allow a minimum of three months to process an application as a graduate of a non-Canadian school of nursing

h) Canadian Registered Nurse Examination (CRNE)

- All applicants must write the Canadian Registered Nurse Examination, which can only be written in Canada, within 8 months of being granted an interim license. An interim license becomes null and void for applicants who fail the CRNE. The applicant can no longer practice nursing in Newfoundland & Labrador until the successful completion of the CRNE. The CRNE may be written a maximum of three (3) times within two (2) years from and including the first writing. If still unsuccessful, the candidate will no longer be eligible to write the CRNE.

2. DOCUMENTS RECEIVED WILL NOT BE RETURNED TO THE APPLICANT.

3. The application will remain valid for two (2) years from the date that the signed application is received by the ARNNL.

Please obtain and review a copy of ARNNL BYLAWS, ARTICLE II – Fees and ARTICLE VI – Registration, available at ARNNL website www.arnnl.ca prior to completing the application.

APPLICATION PACKAGE INCLUDES:

- PART I APPLICATION FOR REGISTRATION
- PART II VERIFICATION OF REGISTRATION
- PART III VERIFICATION OF REGISTRATION OTHER THAN ORIGINAL
- PART IV VERIFICATION OF BASIC EDUCATION PROGRAM
- PART V EMPLOYER REFERENCE REQUEST
- PART VI PAYMENT FORM



**ASSOCIATION OF REGISTERED NURSES OF
NEWFOUNDLAND & LABRADOR**

55 Military Road
St. John's, Newfoundland, Canada A1C 2C5
Telephone (709) 753-6040 Fax (709) 753-4940

OFFICE USE ONLY
APPROVED

Date

Director of Regulatory Services

PART 1

**APPLICATION FOR REGISTRATION
TO BE COMPLETED BY THE APPLICANT AND RETURNED TO THE ABOVE ADDRESS**
(If insufficient space, attach an additional sheet)

I. PERSONAL INFORMATION

Surname _____	Given Names _____	Maiden Name _____
Mailing Address _____		E-Mail Address _____
Country _____	Postal Code _____	Telephone Number _____
Date of Birth _____ Citizenship _____ Languages in order of fluency _____		
Year/Month/Day		

II. EDUCATION

1. General Education

Number of years of general education _____ Country _____

Year completed _____ Diploma/Certificate Obtained _____

2. School of Nursing

Name _____

Address _____

Type of Program: Diploma _____ Baccalaureate degree _____ Other _____

Commenced _____ Completed _____

Year/Month Year/Month

3. Previous Professional Education and/or Post-Basic Courses and/or Degrees

Course/Degree	Institution	Location	Commenced/Completed
_____	_____	_____	_____

III. OTHER REGISTRATIONS (List all previous registration(s) granted - RN, LPN, or other professional registration)

1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Province/State/Country	Number	Initial Registration Date	Expiry Date of Registration /License

III. REGISTRATION EXAMINATIONS

Have you written the Canadian nurse registration examination(s) _____
Yes/No

If yes: _____

Province _____ Date _____

IV. NURSING EXPERIENCE within the past five years starting with most recent

1.

Employer _____
Position Held _____
Dates Employed _____

Mailing Address _____
Town/City _____
State/Province/Country _____ Postal Code _____

2.

Employer _____
Position Held _____
Dates Employed _____

Mailing Address _____
Town/City _____
State/Province/Country _____ Postal Code _____

V. RELATED QUESTIONS

1. Have you ever been convicted or found to be guilty of an offence under the criminal code or similar penal statute in or out of Canada for which you have not received a pardon? Yes___No___ If yes explain
2. Are you currently under investigation or review by any registration/licensing authority in another jurisdiction? Yes___No___ If yes explain
3. Have you ever had your nursing license revoked or suspended in another jurisdiction? Yes___No___ If yes explain
4. Have you applied for registration with another Canadian nursing regulatory body? Yes___No___ If yes explain

If answering yes to Question 1 – 4 please attach a letter of explanation.

I hereby make an application for registration and declare that the above information is correct.

_____ Date

_____ Signature of Applicant

*** Unsigned applications will be returned to applicants.**

IF YOU HAVE ACCEPTED EMPLOYMENT IN THE PROVINCE PLEASE COMPLETE THE FOLLOWING:

NAME OF EMPLOYER _____

EMPLOYER ADDRESS _____

EXPECTED START DATE _____

APPLICANT'S NEWFOUNDLAND & LABRADOR ADDRESS (if different from previous page) _____

TELEPHONE NUMBER _____

See Requirements for more details on these documents and fee

The following applicable documents and fee must accompany the application:

1. ___ Copy of Birth Certificate
2. ___ Copy of Current Nurse Licence(s)
3. ___ Copy of Marriage Certificate
4. ___ Copy of Legal Change of Name
5. ___ Photograph(passport size-no photocopies)
6. ___ Test of English Language (photocopy-request original report be sent by testing centre)
7. ___ Processing Fee

OFFICE USE ONLY

PART 1 Application Received _____ Date _____

Enclosures Checked:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

7 Processing Fee: Amount _____ Date Paid _____



PART 2

VERIFICATION OF ORIGINAL REGISTRATION

The applicant will complete Section A **only**, and forward this form to the registering authority which granted original registration.

SECTION A

I, _____ born on _____
Surname Given Names Maiden Name(if applicable) Day/Month/Year
 graduated from _____ in _____
School of Nursing City Province/State Country
 in _____ I was registered in your jurisdiction in _____ under number _____
Month / Year Month/Year
 My present address is _____ Telephone # _____

I hereby give consent for release of information as requested by ARNNL

Date Signature of Applicant

SECTION B

VERIFICATION FROM REGISTERING AUTHORITY

Registering/Licensing Authority: Please complete and forward directly to the Association of Registered Nurses of Newfoundland & Labrador.

Acting on behalf of the _____ I do hereby certify that _____
Authority Which Granted Original Registration Name of Applicant
 graduated from _____ in _____
School of Nursing City/Town Province/State Country
 in _____, with a **diploma/baccalaureate degree** in nursing, the length of the programme being _____ months and was
Month/Year
 issued a certificate of registration as a registered nurse in this jurisdiction on _____ and number _____
day/month/year
 by _____. At the time the programme was completed it **was/was not** an approved school.
Examination/Certification

Date current/last license was issued _____ Date current/last licence expires(d) _____
day/month/year day/month/year

Has this licence ever been suspended or revoked or under review? Yes/No _____ Date _____
(If yes, please indicate the reason on the reverse side)

Has this licence been reinstated? Yes/No _____ Date _____

Applicant's current membership status _____

Insofar as is known by this Authority, the applicant is eligible for registration Yes/No _____

Nurse Registration Examination Results:

Medical Nursing _____ Obstetric Nursing _____ Psychiatric Nursing _____ Comprehensive _____
 Surgical Nursing _____ Children's Nursing _____ Community Nursing _____

Number of entries into examination _____ Examination Type _____ Language of examination _____
SBTP/CNATS/CRNE/OTHER

Other Registration(s) *(If more than two, please continue on reverse)*

- Province/Country _____ Date _____ Number _____
- Province/Country _____ Date _____ Number _____

Test(s) of English

Name of test & score _____ Name of test & score _____ Other test & score _____

SEAL

 Executive Director or Director of Registration

 Date



PART 3

VERIFICATION OF REGISTRATION(S) OTHER THAN ORIGINAL

The applicant will complete Section A **only**, and forward form to the registering authority(ies) which have granted registrations. (If you have been registered in more than your original and one other jurisdiction, you may copy Part 3 and forward to all jurisdictions where you have been registered).

SECTION A

I, _____ born on _____
Surname Given Names Maiden Name(if applicable) Day/Month/Year
graduated from _____ in _____
School of Nursing City Province/State Country
in _____ Month / Year. I was registered in your jurisdiction in _____ under number _____
Month/Year Month/Year
My present address is _____ Telephone # _____

I hereby give consent for release of information as requested by ARNNL

Date Signature of Applicant

SECTION B VERIFICATION FROM REGISTERING AUTHORITY

Registering/Licensing Authority: Please complete and forward directly to the Association of Registered Nurses of Newfoundland land & Labrador.

Acting on behalf of the _____ I do hereby certify that _____
Authority Which Granted Registration Name of Applicant
graduated from _____ in _____
School of Nursing City/Town Province/State Country
In _____ and was issued a certificate of registration as a registered nurse in this jurisdiction on _____
Month / Year day/month/year
and number _____ by _____
Examination / Certification

Date licence was last issued _____ Date licence expires(d) _____
Date Date

Has this licence ever been suspended or revoked or under review?
(If yes, please indicate the reason on the reverse side) _____
Yes / No Date

Has this licence been reinstated? _____
Yes / No Date

Applicant's current membership status. _____

Insofar as is known by this Authority, the applicant is eligible for registration. _____
Yes / No

Nurse Registration Examination Results (if nurse was required to write prior to registration in the jurisdiction providing this verification).

Medical Nursing _____ Obstetric Nursing _____ Psychiatric Nursing _____ Comprehensive _____
Surgical Nursing _____ Children's Nursing _____ Community Nursing _____
Number of entries into examination _____ Examination Type _____ Language of examination _____
SBTP/CNATS/CRNE/OTHER

Other Registration(s) (If more than two, please continue on reverse)

1. Province/Country _____ Date _____ Number _____
2. Province/Country _____ Date _____ Number _____

Test(s) of English (if nurse was required to complete prior to registration in jurisdiction providing this verification):

Name of test & score _____ Name of test & score _____ Other test & score _____

SEAL

Executive Director or Director of Registration

Date



PART 4

VERIFICATION OF BASIC NURSING PROGRAMME COMPLETION

The applicant will complete Section A **only**, and then forward this form to the school of nursing where the basic nursing education programme was completed.

SECTION A

I, _____ born on _____
Surname Given Names Maiden Name(if applicable) Day/Month/Year
 graduated from _____ in _____
School of Nursing City Province/State Country
 in _____ . I was registered in your jurisdiction in _____ under number _____
Month / Year Month/Year
 My present address is _____ Telephone # _____

I hereby give consent for release of information as requested by ARNNL

 Date Signature of Applicant

SECTION B VERIFICATION FROM SCHOOL OF NURSING

To be completed by the Director, School of Nursing, and forwarded directly to the Association of Registered Nurses of Newfoundland and Labrador along with a copy of the applicant's nursing transcript.

This is to certify that _____
Surname Given Names Maiden Name
 was admitted to _____ in _____
School of Nursing City/Town Province/State Country
 in _____, and that records indicate that this applicant successfully completed a general **diploma/bacaalaureate** nursing
month/ year
 programme with theoretical and clinical instruction in the subjects listed below in _____ the length of the programme being _____ months.
month / year
 and the pass mark _____. The School of Nursing was an **approved/recognized** post secondary nursing school at the time the programme was
 completed _____ and the language of instruction for theory was _____ Language(s) used in clinical practice was _____
Yes/No

SUMMARY OF THEORETICAL AND CLINICAL INSTRUCTION

If the theory or clinical in any of the subject areas listed below was integrated with other subject areas or clinical settings, or was not included in the programme, please state details.

SUBJECT	TOTAL HOURS OF THEORY	TOTAL HOURS OF CLINICAL
Nursing Care Adults	_____	_____
Medical	_____	_____
Surgical	_____	_____
Nursing Practice with Women and Childbearing Families	_____	_____
Nursing Practice with Children	_____	_____
Psychiatric and Mental Health Nursing	_____	_____
Community Health Nursing	_____	_____
Comments	_____	

SEAL

 Director, School of Nursing

 Date



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55 Military Road
St. John's, Newfoundland, Canada A1C 2C5
Telephone (709) 753-6040 Fax (709) 753-4940

PART 5

**STATEMENT FROM CURRENT/MOST RECENT EMPLOYER
FOR INITIAL REGISTRATION AND LICENSURE**

The applicant will complete Section A and forward form to the Director of Nursing OR Director of Human Resources at your current/most recent place of employment requesting completion. References includes employers within the past five years starting with the most recent employer. (Please make additional copies as required).

SECTION A

Name _____
Surname Birth/Former Names(s) Given Names

Dates of Employment _____ to _____ Employer # (if applicable) _____
Month/day/year Month/day/year

Telephone # _____ Email Address _____

I hereby give consent for release of information as requested by ARNNL:

_____ Date Signature of Applicant

SECTION B EMPLOYER

The above named applicant is applying for registration and licensure with the Association of Registered Nurses of Newfoundland & Labrador (ARNNL). Please complete the following statements in relation to the applicant's employment as a Registered Nurse. Please return the completed form directly to ARNNL at the address noted above. A faxed/email response is acceptable.

Director of Regulatory Services

Employer Name _____

Employer Address _____

Dates of Employment: _____

Number of hours practised nursing during the applicable following periods:

Apr 04-Mar 05 Apr 05-Mar 06 Apr 06-Mar 07 Apr 07-Mar 08 Apr 08-Mar 09 Apr 09-Mar 10

Classification/Status/Position: _____

Performance: Above Average _____ Satisfactory _____ Unsatisfactory _____

COMMENTS _____

Would you rehire? Yes _____ No _____

If NO, state reason: _____

Reason for leaving: _____

Do you recommend for employment? Yes ____ No ____ Do you recommend for licensure? Yes ____ No ____

Signature _____ Date _____

Position _____



PART 6

CREDIT CARD PAYMENT FORM INTERNATIONALLY EDUCATED NURSES

The applicant will complete and send to ARNNL with Application for Registration.

Applicant's Name (print) _____

Telephone # _____

email _____

Please charge the \$169.50 Application Fee (Canadian funds) to my:

- Mastercard
- Visa
- US or Canadian Cheque

Credit Card Number:

Expiry Date: _____
Month Year

Cardholder's Name _____

- Wire Transfer (**Note** there is an additional service fee of \$20.00 if you choose to pay via wire transfer. Total payment amount: \$169.50 plus \$20.00 = **\$189.50**. Please email a date when wire transfer completed).

The following information will be required to complete a wire transfer:

Bank of Montreal
394 Elizabeth Avenue, St. John's, NL
Bank # 001
Transit # 10091
Account #1029376
Iban Number: 100910011029376
Swift Number: BOFMCAM2

Signature: _____ Date: _____