

## Confirmation of Program Completion From Regulatory Body

This form is to be completed by **new graduates** from **outside** Nova Scotia, but within Canada, who require a temporary licence to practise nursing at the graduate nurse level, in Nova Scotia, prior to registration and licensure.

1. You must complete Section A and then:
2. Forward to registering/licensing authority in the province in which you have completed your nursing education program to complete section B.

### Section A

Surname	Given Names	Original Birth Name	
Permanent Mailing Address	City	Province	Postal Code
Phone Number	Email Address		
Graduated from _____	_____		on _____
School of Nursing	City	Province	Date (DD/MM/YY)
Date	Signature		

### Section B

To be completed by the registering/licensing authority and forwarded **directly** to the College of Registered Nurses of Nova Scotia. **This form can be emailed or faxed with the hard copy to follow in the mail.**

Acting on behalf of the \_\_\_\_\_  
Registering/Licensing Authority

I do hereby certify that \_\_\_\_\_  
Surname Given Names Surname Given Name(s) Original Birth Name

is a graduate of \_\_\_\_\_  
School of Nursing City Province on Date (DD/MM/YY)

and that this School of Nursing was approved by the registering/licensing authority at the time this program was completed.

This candidate: (check **one** only)

- \_\_\_\_\_ is eligible to take the NCLEX-RN
- \_\_\_\_\_ is scheduled to take the NCLEX-RN on \_\_\_\_\_ (DD/MM/YY)
- \_\_\_\_\_ has taken the NCLEX-RN and is awaiting the results
- \_\_\_\_\_ has taken the NCLEX and was not successful
- \_\_\_\_\_ has taken the CRNE \_\_\_\_\_ times
- \_\_\_\_\_ has taken the NCLEX-RN \_\_\_\_\_ times

Date	Signature
Name (Please Print)	Position Title
Phone Number	Email Address