



ASSOCIATION OF REGISTERED NURSES OF PRINCE EDWARD ISLAND

53 Grafton Street, Charlottetown PE C1A 1K8
Tel: 902-368-3764 Fax: 902-628-1430 Email: info@arnpei.ca

Instructions for Applying for Registration

The following steps/procedures must be followed when applying for registration with the Association of Registered Nurses of Prince Edward Island (ARNPEI).

1. PART I - Complete and return to ARNPEI at the above address with
 - the non-refundable processing fee of \$115 in Canadian funds
 - copy of birth certificate
 - copy of change of name certificates e.g. marriage/divorce certificates.

PART II - Forward to the nurse registering authority where you were originally registered, i.e. upon completion of your nursing education program, and request them to complete and return it directly to ARNPEI. The registering body may ask you to pay a fee for this service.

PART III - Forward to the nurse registering body where you are currently registered (if different from Part II) and request them to complete and return it directly to ARNPEI. The registering body may ask you to pay a fee for this service.

2. Applicants must have completed an approved nursing program that included both theoretical and clinical preparation in the following fields: medical, surgical, obstetrical, psychiatric, and pediatric nursing. Request the school of nursing where you completed your nursing education to forward a sealed transcript of your nursing school record to ARNPEI. The school may ask you to pay a fee for this service.
3. Applicants whose first language is not English are required to provide evidence of English language fluency. Acceptable language tests to demonstrate this are noted on page 2.
4. Request your last employing agency(s) to confirm the amount of time you worked there on the enclosed "Statement from Current/Most Recent Employer" form. You must have worked a minimum of 1125 hours of paid nursing employment within the previous five years or have graduated within the previous five years.
5. A criminal record check must be obtained from the police agency in each jurisdiction in which you have resided in the previous two years.

Upon receipt of all of the above, we will notify you as to your eligibility for the Canadian Registered Nurse Examination.

Enclosures: 3 Part Application Form
Statement from Current/Most Recent Employer Form
VISA/Mastercard Payment Authorization Form

July 08

ENGLISH LANGUAGE PROFICIENCY TESTS

Name of Test	Minimum Passing Score	Website
TOEFL (Test of English as a Foreign Language) <i>plus</i> TSE (Test of Spoken English) ARNPEI's TOEFL institution code is 9146.	paper test - 550 computer test - 213 internet based test (iBT) - 86 overall minimum score of 50	www.toefl.org
IELTS (International English Language Testing System)	overall band score no lower than 6.5 with a speaking band score of 7.0 on the academic test	www.ielts.org
MELAB (Michigan English Language Assessment Battery)	score no lower than 83 on sections 1,2,3; and no lower than 3 on the speaking test	www.lsa.umich.edu/eli/melab
(TOEIC) Test of English for International Communication <i>plus</i> TSE (Test of Spoken English)	score no lower than 800 minimum score of 50	www.toeic.ca
CAEL (Canadian Academic English Language)	score no lower than 84	www.cael.ca
CELBAN (Canadian English Language Benchmarks Assessment for Nurses)	Speaking - Level 8 Listening - Level 9 Reading - Level 8 Writing - Level 7	www.celban.org
CanTEST	minimum 4.5	www.cantest.uottawa.ca



Association of Registered Nurses of Prince Edward Island
Application for Initial Registration in Prince Edward Island

Part I - To be completed by the applicant and returned to the Association of Registered Nurses of Prince Edward Island.

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

Address _____
Telephone/Email

Date of Birth _____
Month/Day/Year

School of Nursing & Location _____

Course Started: _____ Course Completed: _____
Month/Day/Year Month/Day/Year

Nursing Experience Since Graduation: (List three most recent employers)

Name and Address of Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had any conditions placed on your registration or had your license suspended, cancelled, revoked or terminated for reasons of incompetence or misconduct? Yes No

Have you ever been disciplined by an employer or a registration or licensing authority? Yes No

I declare the above statements to be true. _____
Date Signature

FOR OFFICE USE ONLY

Processing Fee Original Current Transcript Employment Record English ID CRC

Reg No: _____ Date: _____ Endorsement Examination

Signature of Coordinator of Regulatory Services: _____

July 06



**Association of Registered Nurses of Prince Edward Island
Application for Initial Registration in Prince Edward Island
Statement from Current/Most Recent Employer**

Section A

Applicant: Complete Section A and forward form to your current/most recent employer requesting completion of Section B.

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

Employee # _____ Telephone #/E-mail Address _____

Signature: _____ Date: _____

Section B

EMPLOYER: The above named applicant is applying for registration and licensure with the Association of Registered Nurses of Prince Edward Island. Please complete the following statements in relation to the applicant's **employment as a registered nurse**. If you are aware of a **professional, ethical and/or health problem(s)** that would indicate a license should not be granted, please state it. Please return the completed form to the Association of Registered Nurses of Prince Edward Island at the address noted below. **A faxed response is acceptable.**

This is to verify that _____
Name of employee

was employed by _____
Name of Organization

_____ Mailing Address

between _____ and _____
Month/Day/Year Month/Day/Year

Employment Status: _____
(indicate one) Full Time Part Time

Position: _____ Total Hours Practised: _____

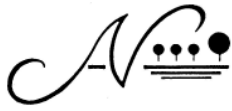
Eligible for Re-Hire (If "No", please explain): _____

General Performance/Comments/Concerns:

_____ Signature Name (please print)

_____ Date Telephone #/Email address Title (please print)

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Association of Registered Nurses of PEI

VISA/MASTERCARD PAYMENT AUTHORIZATION FORM

Name as it appears on credit card

Name as it appears on application if different than the name on the credit card

Phone number where the card holder can be reached

E-mail address

Please indicate which fee you are paying for

Please bill my **VISA**
 MASTERCARD
in the amount of \$ _____

Card Number _____ Expiry Date _____

Signature _____ Date _____

Please note: The credit card information provided on this form will not be retained. Upon authorization of the payment request all credit card information will be destroyed