



**Confirmation of Program Completion  
for Graduates of Approved Nursing Education Programs in Alberta**

- Graduates:** Please complete part A in full and forward this form to the Dean/Director of your nursing education program.
- Deans/Directors:** Please complete part B in full and send directly to CARNA by mail: 11620 168 St. Edmonton AB T5M 4A6; fax to 780.452.3276 or email to [gradapplication@nurses.ab.ca](mailto:gradapplication@nurses.ab.ca).
- Questions?** Contact CARNA Examination Services at 780.451.0043 or toll free in Canada 1.800.252.9392.

**Part A: Graduates**

Legal Name \_\_\_\_\_  
First/Given name Middle name Last name Other names (e.g. maiden name)

Address \_\_\_\_\_  
Apt Street City Postal Code

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Day Month Year

Name of College/University program from which applicant will graduate: \_\_\_\_\_

CARNA code number for education program (see back of this form): \_\_\_\_\_

Education Attained: \* Degree \* Diploma

Admission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year

**Verification and Signature**

- I confirm that I am aware of CARNA’s privacy policy (available online at [www.nurses.ab.ca](http://www.nurses.ab.ca)) and I consent to the collection, use and disclosure of my personal information. I understand CARNA’s authority to collect, use and disclose my personal information without my consent, including where my personal information is shared with other regulatory bodies for the purposes of assessing my eligibility for registration.
- I certify that the information I have provided on this form is true and acknowledge that my application may be refused or cancelled if I have omitted information or provided any inaccurate information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Part B: Dean/Director of Nursing Education Program**

i) I certify that the above named applicant is scheduled to complete the basic nursing education program indicated above on: \_\_\_\_\_  
Completion date of program

ii) I confirm the education program name and CARNA Nursing Education Program code recorded above are correct.

iii) I shall notify CARNA immediately if the applicant does not successfully complete the entire program as of this date:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean/Director

## Alberta's NCLEX-RN Program Codes

Approved Nursing Education Program	Code
ATHABASCA UNIVERSITY POST-LPN TO BN PROGRAM	CA52500100
UNIVERSITY OF ALBERTA COLLAB BSCN PROGRAM - UNIVERSITY OF ALBERTA SITE	CA52500200
UNIVERSITY OF ALBERTA COLLAB BSCN PROGRAM - GRANDE PRAIRIE COLLEGE SITE	CA52500300
UNIVERSITY OF ALBERTA COLLAB BSCN PROGRAM - KEYANO COLLEGE SITE	CA52500400
UNIVERSITY OF ALBERTA COLLAB BSCN PROGRAM - RED DEER COLLEGE SITE	CA52500500
UNIVERSITY OF ALBERTA BSCN HONORS PROGRAM	CA52500600
UNIVERSITY OF ALBERTA RPN TO BSCN PROGRAM	CA52500700
UNIVERSITY OF ALBERTA AFTER DEGREE NURSING PROGRAM	CA52500800
UNIVERSITY OF ALBERTA BSCN BILINGUAL/BILINGUE PROGRAM	CA52500900
UNIVERSITY OF ALBERTA AFTER DEGREE NURSING PROGRAM - CAMROSE SITE	CA52501000
UNIVERSITY OF LETHBRIDGE NESA BN PROGRAM	CA52501100
UNIVERSITY OF LETHBRIDGE NESA BN AFTER DEGREE PROGRAM	CA52501200
MACEWAN UNIVERSITY BACHELOR OF SCIENCE IN NURSING PROGRAM	CA52501300
MOUNT ROYAL UNIVERSITY BACHELOR OF NURSING PROGRAM	CA52501400
UNIVERSITY OF CALGARY BACHELOR OF NURSING REGULAR TRACK (BNRT) PROGRAM	CA52501500
UNIVERSITY OF CALGARY BACHELOR OF KINESIOLOGY/BACHELOR OF NURSING PROG	CA52501600
UNIVERSITY OF CALGARY BACHELOR OF NURSING ACCELERATED TRACK PROGRAM	CA52501700
UNIVERSITY OF CALGARY BACHELOR OF NURSING (BNUR) PROGRAM	CA52501800
UNIVERSITY OF CALGARY BACHELOR OF NURSING - MEDICINE HAT COLLEGE SITE	CA52501900
UNIVERSITY OF CALGARY BN-TRANSITIONING PROG - MEDICINE HAT COLLEGE SITE	CA52502000
UNIVERSITY OF CALGARY BNUR PROGRAM - MEDICINE HAT COLLEGE SITE	CA52502100