

Confirmation of Program Completion for Graduates of Canadian Nursing Education Programs outside 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 registration@nurses.ab.ca
- Questions?** Contact CARNA Registration 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: _____

Day
Month
Year

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

Address _____

Street
City
Province/Territory
Postal Code

Degree Diploma Admission Date: / Expected Completion Date: /

Month
Year
Month
Year

- I have read and understand CARNA’s privacy policy (available at www.nurses.ab.ca).
- I declare that all the information I have provided is complete and truthful. I understand that my assessment may be cancelled and registration refused if CARNA determines I have provided inaccurate information, omitted any information or documentation required, or submitted documents that have been altered, tampered with or forged during the application process.
- I authorize CARNA in assessing my application, to verify the authenticity of submitted documents with the authorities from which they were issued. I acknowledge that any documents submitted by me or on my behalf become the property of CARNA and will not be returned to me.

Signature *Date*

Part B: Dean/Director of Nursing Education Program

I certify that the above named applicant is scheduled to complete the nursing education program indicated above on:

 Completion date of program

I confirm that this entry-level nursing education program is accepted by _____ *(name of regulatory body)* and that the name of the education program is recorded correctly above.

I confirm that I will notify CARNA immediately if the applicant does not successfully complete the entire program as of this date:

 Date

 Signature of Dean/Director