

CARNA SERVICE REQUEST

1. Personal information

Name _____
Full legal name *Other names (if applicable)*

Address _____
Apt Street City Province/State Country Postal Code

Birthdate: ____/____/____ E-mail _____ Phone () _____
Day Month Year

2. Information requested

Verification of status / exam results / registration with CARNA

As applicable, includes **all** of the following:

- current and previous names
- date of birth
- entry-level nursing education program name and completion date
- exam results
- registration number
- date of first registration with CARNA
- current conditions on your registration or practice permit
- current status
- any professional conduct history
- any history of suspension or cancellation of your registration or practice permit

Send to: _____

Copy of transcript from closed hospital-based school of nursing (Edmonton & Lethbridge)

CARNA is the official holder of transcripts from five closed schools of nursing: Edmonton General, Misericordia, Royal Alexandra and University of Alberta Hospitals (Edmonton) and St. Michael's Hospital (Lethbridge).

If you need a transcript from Calgary General Hospital, Holy Cross Hospital, or Foothills Hospital, please contact AHS archives. Read more on the AHS website at <http://www.albertahealthservices.ca/info/Page4308.aspx>

Name of school _____ Course completion date _____
Name at graduation _____
Send to: _____

please continue to page 2

Expert caring makes a difference®

