

## Confirmation of Nurse Practitioner Program Completion

<b>Full Name</b>	
<b>Former Name(s)</b>	
<b>Date of Birth (DD-MM-YYYY)</b>	
<b>University</b>	
<b>Education Program</b>	

### CONSENT

I hereby give consent for you to provide official confirmation of my Nurse Practitioner education directly to the College of Registered Nurses of Alberta (CRNA)

\_\_\_\_\_

*Signature of Applicant*

\_\_\_\_\_

*Date*

**Please See the Form on the Next Page**



## Confirmation of Nurse Practitioner Program Completion

**Applicant to complete the information regarding program of studies undertaken**

<b>Applicant Name</b>	
<b>Name of Program Attended</b>	
<b>Address</b>	
<b>Stream of Practice</b>	<input type="checkbox"/> Family/All Ages <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Neo-natal

**The following information to be completed by educational institution**

What is the expected date of completion of the <b>NP Program</b>  **Please use the date the NP program will be completed <b>Do not</b> use the convocation date.	
What is the expected date of completion of the <b>Degree Requirement</b>  **Please use the date degree requirements will be met. <b>Do not</b> use the convocation date.	
<b>Did any of the clinical practicum occur outside Alberta?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, where was the practicum completed?</b>	

**CONTINUED ON NEXT PAGE**



**I confirm that the:**

- above named applicant is scheduled to complete the nurse practitioner program as indicated above;
- education program name recorded above is correct; and
- I shall notify CRNA immediately if the applicant does not successfully complete the entire program as of the identified completion date.

\_\_\_\_\_  
*Signature of Official Authorized to Provide Information*

\_\_\_\_\_  
*Printed Name of Authorized Official*

\_\_\_\_\_  
*Date*

**PLEASE SEAL THE COMPLETED FORM IN AN ENVELOPE AND MAIL DIRECTLY TO:**

College of Registered Nurses of Alberta  
11120 178 Street, Edmonton, Alberta T5S 1P2

**Or scan and email to [NursePractitioners@nurses.ab.ca](mailto:NursePractitioners@nurses.ab.ca)**