

Withdrawal Form



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

www.cno.org

Telephone: 416 928-0900

Toll-free (Canada): 1 800 387-5526

If you wish to withdraw your application, sign, date, and return this form to the College.

I am no longer interested in pursuing registration with the College and wish to withdraw my application.

Name (Print): _____ Application Number: _____

Signature: _____ Date: _____

Please mail, Email, or fax this form to:

Mailing Address:

College of Nurses of Ontario
101 Davenport Rd.
Toronto, ON M5R 3P1
Attention: Entry to Practice

Email: cno@cnomail.org

Fax: 416-928-6507

Please review the *Privacy Policy* on CNO's website (www.cno.org/privacy) to understand how your personal information will be used.