

Summary of Registration Form

College of Nurses of Ontario
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COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

How to complete this form

- Step 1: Fill out the application form.
- Step 2: Save the completed form.

Step 3: Attach the saved PDF form to an email message using the subject heading: **SUMMARY OF REGISTRATION FORM**. Send it to enp@cnomail.org

Collection of Personal Information

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

SECTION 1

Contact information

Last name

First name

Applicant's mailing address

Apt/unit# City

Province/State Postal/Zip Code Country

Date of birth (DD/MMM/YYYY)

Gender: Female Male

Telephone number (primary)

E-mail address (primary)

Application Number

SECTION 2

Summary of information

1. Did you obtain registration as a nurse in the jurisdiction where you completed your initial nursing program?

No Please explain:

Yes _____
Province/State/Country (including Ontario)

Indicate category of registration:

Registered Nurse Registered Practical Nurse

Other _____

Initial Registration date (dd/mmm/yyyy)

Expiry of Registration date (dd/mmm/yyyy)

Registration number

2. Have you obtained registration in any other jurisdictions, not stated in question 1?

Yes. Complete Jurisdiction chart on page 2

No

Summary of Registration

Form continued



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Please list all registrations obtained in any other jurisdictions

Province/State of Registration (including Ontario)	Category of Registration (e.g. Registered Nurse (RN), Registered Practical Nurse (RPN), other (please specify))	Registration Number	Initial Registration Date (DD/MMM/YYYY)	Registration Expiry date if not currently active (DD/MMM/YYYY)

Incomplete or missing information may delay the processing of your application

I _____ hereby certify that I am the person making an application for a certificate of registration and that all statements are true and complete in every respect. I understand that falsification of information on this application may result in the cancellation of my application for registration or cancellation of any certificate that may be issued.

Applicant's signature: _____

Date: _____