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 CRNA by mail: 11120 178 St. Edmonton AB T5S 1P2; fax to 780.452.3276 or email to registration@nurses.ab.ca

Questions? Contact CRNA Registration Services toll free in Canada 1.800.252.9392

PART A: GRADUATES

Full Name	
Full Address	
Birth date	
Email Address	
Phone Number	
Name of College/University program from which applicant will graduate	
Full Address of above program	
Education level	☐ Degree ☐ Diploma
Program was completed in	☐ English ☐ French

Admission Date (MM/YYYY)	
Expected Completion Date (MM/YYYY)	

- I have read and understand CRNA's privacy policy (available at https://nurses.ab.ca/privacy-policy/).
- 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 CRNA 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 CRNA 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 CRNA and will not be returned to me.

_____ _____

Signature of Graduate *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 recognized as an approved program in the province in which it was completed.
- I confirm that I will notify CRNA immediately if the applicant does not successfully complete the entire program as of this date:

_____ _____

Date *Signature of Dean/Director*