



REGISTERED PSYCHIATRIC NURSE (RPN) LICENCE RENEWAL APPLICATION

Use this form to renew your full or inactive RPN licence. You must visit the appropriate web page listed below to complete your application package. Full instructions, forms and guidance documents are found on the web page.

- [Renew full RPN licence](#)
- [Renew inactive RPN licence](#)

For convenience, a brief checklist of required supporting documentation is provided below.

Renewal deadline: Submit your renewal application before **November 30** to ensure we can process your licence before it expires.

Supporting documentation checklist (More information is found on the [application website](#).)

- Criminal record check including vulnerable sector check every 5 years. (Attached or sent to Professional Licensing and Regulatory Affairs (PLRA) directly from RCMP.)
- Certificate of standing. (Required if you are licensed in another jurisdiction. The document must be sent to PLRA directly from the jurisdiction.)
- Verification of employment form. (Submit if eligibility requires continuing competency.)
- Continuing education form with supporting documentation. (Submit if eligibility requires continuing competency.)
- Verification of volunteer service form. (Submit if applicable to continuing competency.)
- Continuing competency exemption form. (Submit with your continuing competency documentation if you are a new graduate and are unable to meet the requirements.)
- Payment information form.



REGISTERED PSYCHIATRIC NURSE (RPN) LICENCE RENEWAL APPLICATION

Complete all sections of this application form. Do not leave a section blank. If a section is not relevant, mark the section as “not applicable.”

Full licence
 Temporary full licence: Dates YYYY/MM/DD to YYYY/MM/DD
 Inactive licence

Applicant information

| | | | | |
|---|---------------------|----------------------|----------------------|---------|
| Legal last name | Legal first name(s) | Legal middle name(s) | | |
| Other names by which you may be known | | | Yukon licence number | |
| Email | | | Phone | |
| Mailing address | City | Prov./terr. | Postal code | Country |
| Physical address <i>(if different from mailing address)</i> | City | Prov./terr. | Postal code | Country |

Education information

List any completed degrees/diplomas related to nursing that you have received in the past year or since you last held a Yukon licence.

| Institution name | City, prov./terr., country | Start date | End date | Name of degree/diploma |
|------------------|----------------------------|------------|----------|------------------------|
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Registration

State the jurisdiction(s) you are registered in as a registered psychiatric nurse. (Ensure a verification of registration is obtained for each jurisdiction listed.)

| Province/territory | Country |
|--------------------|---------|
| | |
| | |
| | |

Employment

State the following for your current employer(s).

| Employer name | City, prov./terr., country | Start date | End date | Email |
|---------------|----------------------------|------------|----------|-------|
| | | | | |
| | | | | |

Licence endorsements

List the endorsements you are applying for. (Attach completed endorsement form and supporting documents to the application package.)

Declarations

If you answer 'yes' to any question below, additional information may be requested.

Have you ever been denied registration or licensure by a registration or licensing authority for nursing in Yukon or any other health profession in Yukon or any other province, territory, state or country? Yes No

Do you have a criminal record? Yes No

Have you ever been subject to any investigative proceedings with respect to professional misconduct, incompetence, or incapacity, in nursing or any other health profession, in Yukon or any other province, territory, state or country? Yes No

Are you currently under investigation or involved in any proceedings which could result in the withdrawal of your nursing registration by a registration/licensing authority for nursing as a registered psychiatric nurse (RPN) or registered nurse (RN) in any province, territory, state or country? Yes No

Are you or have you ever been registered in another health profession, other than nursing in any province, territory, state or country? Yes No
 If yes, what profession and in what jurisdiction? _____

Personal certification

Yes, I hereby certify that I am the person making application for registration as a registered psychiatric nurse in Yukon, 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 an issued licence.

Signature of applicant

YYYY/MM/DD
Date