



REGISTERED PSYCHIATRIC NURSE (RPN) FULL CERTIFICATE APPLICATION

You must visit the [RPN full certificate application web page](#) to complete your application package. Full instructions, forms and guidance documents are found on the web page.

Apply for a full certificate if you want to work in Yukon to your full scope of practice. For convenience, a brief checklist of required supporting documentation is provided below.

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

- Copies of 2 pieces of government-issued ID.
- Criminal record check including vulnerable sector check. (Attached or sent to Professional Licensing and Regulatory Affairs (PLRA) directly from RCMP.)
- Transcripts from your school confirming graduation from a psychiatric nursing program. (School must send the transcripts directly to PLRA.)
- Certificate of standing. (Required if you are licensed in another jurisdiction. Must be sent to PLRA directly from the jurisdiction.)
- Verification of employment form. (Submit if eligibility requires continuing competency.)
- Continuing education form. (Submit if eligibility requires continuing competency.)
- Verification of volunteer service form. (Submit if applicable to continuing competency.)
- Payment information form. (Go to web page for details.)



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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 certificate – start date in Yukon: YYYY/MM/DD
 Temporary full certificate – dates in Yukon:
YYYY/MM/DD to YYYY/MM/DD

Applicant information					
Legal last name	Legal first name(s)	Legal middle name(s)			
Other names by which you may be known			Date of birth YYYY/MM/DD		
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					
Name of the nursing program you completed			Date you completed the program YYYY/MM/DD		
Name of the educational institute you attended to complete the program					
City/town, province/territory of institute			Country of institute		
Registered Psychiatric Nurse of Canada Examination (RPNCE): YYYY/MM/DD					
Provide a chronological summary of your post secondary educational history relating to nursing, giving names of institutions attended, dates of attendance, and degrees or diplomas received.					
Institution name	City, prov./terr., country	Start date	End date	Name of degree/diploma	
Registration					
State the jurisdiction(s) you are registered in as a RPN. (Ensure a certificate of standing is obtained for each jurisdiction listed.)					
Province/territory	Country				

Employment

State the following for your current employer(s) and most recent employer(s) prior to application.

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 applied for a registered psychiatric nurse (RPN) certificate in Yukon before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 licensed practical nurse (LPN), registered psychiatric nurse (RPN) or registered nurse (RN) in any province, territory, state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you ever been registered in another health profession, other than nursing in any province, territory, state or country? If yes, what profession and in what jurisdiction? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 certificate.

Signature of applicant

YYYY/MM/DD

Date