



REGISTERED PSYCHIATRIC NURSE (RPN) COURTESY CERTIFICATE APPLICATION

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

Apply for a courtesy certificate if you want to work in Yukon for the purpose of teaching or research. 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.
- Certificate of standing. (Must be sent to Professional Licensing and Regulatory Affairs (PLRA) directly from the jurisdiction.)
- A letter from the organization using your teaching or research services, indicating the purpose and length of your visit to Yukon.
- Payment information form. (\$40 for registration.)



REGISTERED PSYCHIATRIC NURSE (RPN) COURTESY CERTIFICATE 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.”

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 institution you attended to complete the program					
City/town, province/territory of institution			Country of institution		
Date you passed the Registered Psychiatric Nurse of Canada Examination (RPNCE): YYYY/MM/DD					
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**Clearly identify your Yukon employer and the start and end dates required for your courtesy certificate.**

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

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

Date