



## REGISTERED PSYCHIATRIC NURSE (RPN) INACTIVE CERTIFICATE APPLICATION

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

Apply for an inactive certificate if you want to maintain your certificate in Yukon, but will not be practicing as an RPN. For convenience, a brief checklist of required supporting documentation is provided below.

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

- Valid 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. Must be sent to PLRA directly from the jurisdiction.)
- Payment information form. (\$40 for registration and \$40 for licence.)





## REGISTERED PSYCHIATRIC NURSE (RPN) INACTIVE 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.”

Start date in Yukon: <span style="font-size: 1.2em; color: #ccc;">YYYY / MM / DD</span>
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Applicant information				
Legal last name	Legal first name(s)	Legal middle name(s)		
Other names by which you may be known	Yukon licence number	Date of birth <span style="font-size: 1.2em; color: #ccc;">YYY / MM / DD</span>		
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
Registration				
<b>State the jurisdiction(s) you are registered in as a RPN. (Ensure a certificate of standing is obtained for each jurisdiction listed.)</b>				
Province/territory	Country			
Employment				
<b>State the following for your current employer(s).</b>				
Employer name	City, prov./terr., country	Start date	Email	

**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 licensed practical nurse (LPN), 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  
 NoIf 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 certificate.

\_\_\_\_\_  
Signature of applicant\_\_\_\_\_  
YYYY/MM/DD

Date