



## REGISTERED PSYCHIATRIC NURSE (RPN) INTERIM CERTIFICATE APPLICATION

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

Apply for an interim licence if you want to work in Yukon, but have not completed your Registered Psychiatric Nurse of Canada Examination (RPNCE).

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.
- Transcripts from your school confirming graduation from a psychiatric nursing program. (School must send the transcripts directly to PLRA.)
- Confirmation of your RPNCE registration.
- Criminal record check including vulnerable sector check. (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 \$200 for licence.)





# REGISTERED PSYCHIATRIC NURSE (RPN) INTERIM 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		Date of birth <span style="font-size: 1.2em; color: #ccc;">YYYY/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	
Education information					
Name of the nursing program you completed			Date you completed the program <span style="font-size: 1.2em; color: #ccc;">YYY/MM/DD</span>		
Name of the educational institute you attended to complete the program					
City/town, province/territory of institute			Country of institute		
Date you are registered to write the Registered Psychiatric Nurse of Canada Examination (RPNCE): <span style="font-size: 1.2em; color: #ccc;">YYYY/MM/DD</span>					
<b>Provide a chronological summary of your post secondary educational history related to nursing, giving names of institutions attended, dates of attendance, and degrees or diplomas received.</b>					
Institution name	City, prov./terr., country	Start date	End date	Name of degree/diploma	
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**

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 limitations**

My supervisor(s) will be:

I will be working at the following health facility, business, or clinic:

**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

\_\_\_\_\_  
Date

YYYY/MM/DD