



REGISTERED PSYCHIATRIC NURSE (RPN) REINSTATEMENT APPLICATION

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

Apply for reinstatement of your certificate if you want to work again in Yukon. 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 additional education related to psychiatric nursing since you were last licensed in Yukon. (School must send the transcripts directly to Professional Licensing and Regulatory Affairs (PLRA).)
- Criminal record check including vulnerable sector check every 5 years. (Attached or sent to PLRA directly from RCMP.)
- Certificate of standing. (Required if you are licensed in another jurisdiction. Must be sent to PLRA directly from the jurisdiction.)
- Verification of employment for health professions form. (Submit if eligibility requires continuing competency.)
- Continuing education form. (Submit if eligibility requires continuing competency.)
- Verification of volunteer service letter. (Submit if applicable to continuing competency.)
- Payment information form. (Got to web page for details.)



REGISTERED PSYCHIATRIC NURSE (RPN) REINSTATEMENT 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:
YYYY/MM/DD

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 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		
If you are reinstating a full or inactive certificate, list the date you passed the Registered Psychiatric Nurse of Canada Examination (RPNCE):		YYYY/MM/DD		
If you are reinstating an interim certificate, list the date you are registered to write the RPNCE:		YYYY/MM/DD		
List any completed degrees/diplomas you have received in the past year or since you last held a Yukon certificate.				
Institution name	City, prov./terr., country	Start date	End date	Name of degree/diploma
Registration				
State the jurisdictions 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).

Employer name	City, prov./terr., country	Start 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?	<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