

Reinstatement Evidence of Practice for Nurses Program Application Form

To apply to the Reinstatement Evidence of Practice for Nurses Program, follow these steps:

1. Complete this form.
2. Review the documentation checklist on the second page of this form and create copies of the required documents.
3. Email your application form and **all** the required documents to Gayle Bradley, Nursing Co-ordinator, at gbradley@georgebrown.ca. **If your application email is incomplete, you will not be eligible for admission.**

The personal information on this form is collected under the legal authority of the *Ministry of Colleges and Universities Act*, R.S.O. 1990 Reg. 770. The information is being collected for the purposes of admission and administration decisions as outlined by the *Freedom of Information and Protection of Privacy Act* of Ontario Sections (38)(39).

PERSONAL AND CONTACT INFORMATION (print clearly)

Name (full legal name)

Date of Birth (dd/mm/yyyy)

Student ID Number (if you have one)

Street Address

City

Province

Postal Code

Home Phone Number

Cell Phone Number

Other Phone Number

Email Address (provide one that is checked frequently)

ACADEMIC AND STUDY STATUS INFORMATION

When do you wish to start the program? Select the term and indicate the year (e.g., Winter term intake: January 2021).

- Fall term intake: September 20____
- Winter term intake: January 20____
- Spring/Summer term intake: May 20____

Are you a registered nurse (RN) or registered practical nurse (RPN) who needs to meet College of Nurses of Ontario (CNO) reinstatement requirements in order to return to practice?

- Yes
- No

DOCUMENTATION CHECKLIST

Your application email **must** include the following:

- A copy of your completed Reinstatement Evidence of Practice for Nurses application form
- Copies of **all** College of Nurses of Ontario (CNO) documentation (this may include a letter of assessment, a letter of direction and/or a list of competency gaps with a CNO cover letter)
- A copy of your resumé or curriculum vitae (CV) outlining your previous nursing education and practice

You must provide copies of **all** the listed documents. **If your application email is incomplete, you will not be eligible for admission.**

DECLARATION

I certify that the information provided within this form is true and that I have submitted all required documentation.

Signature

Date

Submit the completed application package **by email** to
Gayle Bradley, Nursing Co-ordinator, at this address:

gbradley@georgebrown.ca

You will receive an email confirming your acceptance to the program
within **10 business days** of our receipt of your submission.