



# GENERAL APPLICATION FORM

FOR CERTIFICATION BY EXAM 2011

## CANADIAN NURSES ASSOCIATION CERTIFICATION PROGRAM

NO FAXES ACCEPTED

NO STAPLES PLEASE

**EXAM DATE:** Saturday, April 9, 2011

**APPLICATION TIME FRAME:** Applications will be accepted only between **September 1 and October 15, 2010.**

(Applications must be postmarked on or before October 15.)

*This application form MUST be completed in full.*

**YOU MUST USE THE CERTIFICATION APPLICATION GUIDE TO COMPLETE THIS FORM.**

**COMPLETING THIS FORM IS MANDATORY FOR ALL CANDIDATES. All information will be kept confidential.**

**Application for Initial Certification**  
 Check (✓) one of the following:

This is my first application for CNA certification.

I **withdrew** from writing the CNA certification exam.  
 CNA Certification # \_\_\_\_\_

I am **rewriting** after having been unsuccessful in the CNA certification exam.  
 CNA Certification # \_\_\_\_\_

I was notified in writing by CNA of my **ineligibility** to write the 2010 exam.

SPECIALTY/AREA OF NURSING PRACTICE CODE: \_\_\_\_\_

Cardiovascular .....CV	Gastroenterology .....GI	Occupational Health .....OH
Community Health .....CM	Gerontology .....GR	Oncology .....OC
Critical Care .....CC	Hospice Palliative Care .....PC	Orthopaedics .....OT
Critical Care Pediatrics .....CP	Medical-Surgical .....MS	Perinatal .....PR
Emergency .....ER	Nephrology .....NP	Perioperative .....OR
Enterostomal Therapy .....ET	Neuroscience .....NN	Psychiatric/Mental Health MH
		Rehabilitation .....RH

I am also applying for or renewing certification in \_\_\_\_\_ specialty/area of nursing practice.  
*(One application form is required per specialty/area of practice.)*

Language of correspondence preferred:  English  French

### 1. IDENTIFICATION INFORMATION (SEE APPLICATION GUIDE PAGE 5)

**PLEASE PRINT LEGIBLY!** All information must be accurate to avoid delays. *Indicate your name exactly as you wish it to appear on your certificate.*

\_\_\_\_\_

FIRST NAME MIDDLE INITIAL(S) LAST NAME

\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

R.R. NO./P.O. BOX/ETC.

\_\_\_\_\_

CITY PROVINCE/TERRITORY POSTAL CODE

\_\_\_\_\_

HOME PHONE NUMBER WORK PHONE NUMBER PHONE EXTENSION

\_\_\_\_\_

E-MAIL ADDRESS 1 E-MAIL ADDRESS 2

### 2. REGISTRATION AND CNA MEMBERSHIP (SEE APPLICATION GUIDE PAGE 6)

**ALL CANDIDATES:** Attach a photocopy of your current provincial/territorial nursing registration/licence.

**ONTARIO NURSES:** To be eligible for the CNA member fee, Ontario nurses must also attach a photocopy of their current Registered Nurses' Association of Ontario (RNAO) membership card. See page 6 of the application guide for more information.

**QUEBEC NURSES:** See page 7 of the application guide for information.

**REQUIRED**

**CUT OUT AND ATTACH HERE  
 COMPLETE COPY OF CURRENT  
 REGISTERED NURSE LICENCE**

**REQUIRED (Ontario)**

**CUT OUT AND ATTACH HERE  
 COPY OF CURRENT RNAO  
 MEMBERSHIP CARD**

You must provide proof of current RNAO membership to be eligible for the CNA member fee.

### 3. GENERAL ELIGIBILITY CRITERIA

(SEE APPLICATION GUIDE PAGE 7)

Please check (✓) under which option you are applying.

**Option A**     **Option B**    \* See page 7 of the application guide for more details.

### 4. VERIFICATION OF EXPERIENCE IN THE SPECIALTY/AREA OF NURSING PRACTICE

(SEE APPLICATION GUIDE PAGES 7-8)

**Be specific – important determinant of eligibility – see example p. 8 of guide**

MOST CURRENT	EMPLOYER	POSITION	SUPERVISOR/ CONSULTANT	DATES OF EMPLOYMENT	HOURS (During previous 5 years only)
	FULL NAME OF EMPLOYER / HOSPITAL DEPT./UNIT ADDRESS CITY PROVINCE/TERRITORY POSTAL CODE	TITLE RESPONSIBILITIES	NAME TITLE	FROM MM/YY TO MM/YY	Hrs/year 2006 2007 2008 2009 2010 Total # hours

**TOTAL CALCULATED HOURS to meet eligibility criteria:**

Use a separate sheet if it is necessary to include more than THREE (3) previous relevant experiences.

NOTE: List only the previous five years (January 1, 2006 to December 31, 2010, inclusive) of nursing experience in the specialty/area of nursing practice. No other information is applicable. One full-time year = 1,950 hours.

### 5. CONTINUOUS LEARNING ACTIVITIES – OCCUPATIONAL HEALTH AND ENTEROSTOMAL THERAPY NURSES ONLY

(SEE APPLICATION GUIDE PAGE 9)

**Supporting documents must be submitted with list**

ITEM NUMBER	CONTINUOUS LEARNING ACTIVITY	NAME OF SPONSOR / PROVIDER OR INSTITUTION	COMPETENCY (SEE CNA CERTIFICATION WEBSITE)	NO. OF HOURS	DATE*	DOCUMENT INCLUDED (PLEASE CHECK)	OFFICE USE ONLY
1						<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2						<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3						<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Use an additional sheet if necessary.

**TOTAL HOURS**

\* Occupational health nurses: previous 5 years only (2006-2010); enterostomal therapy nurses: previous 3 years only (2008-2010)

**OFFICE USE ONLY**

NURSING PRACTICE

Y  
 N  
 V

POST-BASIC

Y  
 N

ETNEP

Y  
 N

EDUCATION

01  Diploma    04  Doctorate  
02  Baccalaureate    05  Other  
03  Master's

## 6. ENDORSEMENT AND VERIFICATION OF EXPERIENCE

(SEE APPLICATION GUIDE PAGES 9-10)

I (supervisor/consultant) verify that \_\_\_\_\_ has been actively involved in the delivery of direct nursing care to patients or in the management, teaching or research of \_\_\_\_\_ nursing. I further verify that this candidate also meets the minimum number of nursing experience hours for CNA certification in the nursing specialty/area of nursing practice, **as indicated by the candidate on this application form.** (Briefly describe the candidate's ability to apply specialized knowledge and skills in the nursing specialty/area of nursing practice.)

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR/CONSULTANT

\_\_\_\_\_  
EMPLOYER/DEPT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
OFFICE PHONE NUMBER

\_\_\_\_\_  
POSITION/TITLE

\_\_\_\_\_  
E-MAIL ADDRESS

*NOTE: The CNA Certification Program reserves the right to verify the employment, licensure or registration of any applicant. Experience as a registered practical nurse, registered psychiatric nurse, licensed practical nurse or other health-care provider will not be considered.*

## 7. NURSING EDUCATION HISTORY

(SEE APPLICATION GUIDE PAGE 10)

1. Please check (✓) the highest level of NURSING education completed.

Diploma    Baccalaureate    Master's    Doctorate   \_\_\_\_\_  
School/University   Year

POST-BASIC education in your nursing specialty/area of nursing practice (e.g., community college course in nursing specialty/area of nursing practice)  
\_\_\_\_\_  
College/University   Year   Specialty / Area of practice

2. Nurses applying under **Option B:** (see page 2 of the application guide for details)

A copy of my nursing degree or post-basic nursing diploma or certificate in the specialty/area of nursing practice is enclosed.

3. **Enterostomal therapy nurses:** (see pages 3-4 of the application guide for details)

\_\_\_\_\_  
Program title   Year of graduation

- A copy of official proof of CAET ETNEP course completion is enclosed OR  
 A copy of CAET confirmation of completion of an approved ETNEP course is enclosed.

## 8. STATEMENT OF UNDERSTANDING

(SEE APPLICATION GUIDE PAGE 10)

*For your application to be processed, please sign and date this form.*

I hereby apply to write the Canadian Nurses Association (CNA) certification exam in \_\_\_\_\_ nursing. I understand that being accepted to write the certification exam depends on successful completion of specified program requirements. To this end, I authorize CNA to make whatever inquiries may be deemed necessary to verify my credentials and professional standing.

I understand there is a non-refundable portion of the application fee for all candidates who apply for CNA certification.

Information collected by CNA through the certification process may be used for statistical, policy, research and promotional purposes. This information is used in a non-identifiable form. I agree that my data can be included as described in this paragraph pursuant to CNA's policy on privacy and information, which is available on CNA's website.

To the best of my knowledge, the information on this application is complete and accurate.

I allow CNA to release my name, address and certification status to the national association for my specialty/area of nursing practice to enable the association to contact me.

Please note that your name may be released to your provincial or territorial regulatory body.

I do not allow CNA to release the above information.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

## 9. WRITING CENTRE INFORMATION

(SEE APPLICATION GUIDE PAGES 11-12)

Language of exam preferred (You must choose one):  English  French  Request copy in the other official language as well

Writing centre code: \_\_\_\_\_ City name: \_\_\_\_\_

\*See the inside cover and page 11 of the application guide for the list of codes.

### Special Requests for Writing Exams

If you require any of the following, you must write the special request code in place of the writing centre code above and fill out the **Writing Centre Special Request form**, which is available on request by calling 1-800-450-5206. This form must be completed and **sent with your application**. Indicate your writing centre code on the special request form.

Code	Reason
<u>S</u> <u>B</u> <u>W</u> <u>C</u> <u>1</u>	Substitute writing centre (additional fee of \$75 + GST or HST)
<u>A</u> <u>L</u> <u>W</u> <u>D</u> <u>2</u>	Alternate writing date
<u>S</u> <u>P</u> <u>A</u> <u>C</u> <u>3</u>	Request for a special accommodation

## 10. PAYMENT INFORMATION

(SEE APPLICATION GUIDE PAGE 13)

### General Information

- Choose one payment method. If paying by credit card, complete and return the Credit Card Payment form included in the application guide.
- Make cheques and money orders payable to the Canadian Nurses Association.
- This is the only certification fee you will pay during your five-year term.
- **A non-refundable application administrative fee of \$90 + GST or HST will be charged for withdrawal.**
- The fee for duplicate receipts is \$10 + GST or HST.
- **If the payment total is not correct, your application will be delayed.**

*Fees are processed immediately, and eligibility is determined separately.*

### Payment Method

- Cheque (enclose one cheque for full payment)
- Credit card (complete the attached Credit Card Payment form)
- Money order (enclose one money order for full payment)

Third-party payment: If someone other than candidate is paying, indicate name of person or organization paying.

A receipt will be issued in this person's or organization's name.

\_\_\_\_\_  
Name

### Certification Fees (Taxes have been included)

#### Residents of BC

- CNA members: **\$509.60** \_\_\_\_\_
- Rewrite: **\$347.20** (all unsuccessful candidates) \_\_\_\_\_
- Substitute writing centre fee: **\$84.00** (additional) \_\_\_\_\_

#### Residents of AB, SK, MB, PE, NU, NT and YT

- CNA members: **\$477.75** \_\_\_\_\_
- Rewrite: **\$325.50** (all unsuccessful candidates) \_\_\_\_\_
- Substitute writing centre fee: **\$78.75** (additional) \_\_\_\_\_

#### Residents of ON

\*Ontario nurses: RNAO membership entitles you to a CNA member fee.

- CNA members: **\$514.15** \_\_\_\_\_
- Non-members: **\$728.85** \_\_\_\_\_
- Rewrite: **\$350.30** (all unsuccessful candidates) \_\_\_\_\_
- Substitute writing centre fee: **\$84.75** (additional) \_\_\_\_\_

#### Residents of QC

\*Québec nurses: NANB or YRNA membership entitles you to a CNA member fee.

- CNA members: **\$477.75** \_\_\_\_\_
- Non-members: **\$677.25** \_\_\_\_\_
- Rewrite: **\$325.50** (all unsuccessful candidates) \_\_\_\_\_
- Substitute writing centre fee: **\$78.75** (additional) \_\_\_\_\_

#### Residents of NL, NB and NS (\*indicates new NS fees due to HST increase)

- CNA members: **\$514.15 (\*\$523.25)** \_\_\_\_\_
- Rewrite: **\$350.30 (\*\$356.50)** (all unsuccessful candidates) \_\_\_\_\_
- Substitute writing centre fee: **\$84.75 (\*\$86.25)** (additional) \_\_\_\_\_

*All fees include the administrative fee.*

TOTAL FEES \_\_\_\_\_

### OFFICE USE ONLY

Received \_\_\_\_\_

Pre-reviewed \_\_\_\_\_

Reviewed \_\_\_\_\_

Exam dev. recommended / Data entry \_\_\_\_\_

REGISTRATION  Y  
ENDORSEMENT  Y  
CL (ET and OH)  Y

Date & Initials \_\_\_\_\_

ELIGIBILITY  E \_\_\_\_\_  
 I \_\_\_\_\_

Note: \_\_\_\_\_



## CNA CERTIFICATION PROGRAM PROCESSING CENTRE

1400 Blair Place, Suite 210, Ottawa ON K1J 9B8 • 1-800-450-5206 • certification@cna-aiic.ca • http://getcertified.cna-aiic.ca



# CREDIT CARD PAYMENT

## CANADIAN NURSES ASSOCIATION CERTIFICATION PROGRAM

Please complete **all three sections** of this form.

### SECTION I

Specialty/Area of nursing practice code   (Refer to the General Application Form, Certification Renewal Application Form or General Application Form for Inactive Status)

Nursing registration/licence number         Province \_\_\_\_\_

I am applying for

Initial certification  Certification renewal by continuous learning  Certification renewal by exam  Inactive status

Last name of candidate \_\_\_\_\_ First name of candidate \_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

**Indicate the full fee. It will be charged to your credit card.**

(See certification fees in the General Application Form, Certification Renewal Application Form or General Application Form for Inactive Status for details about these fees and CNA membership.)

CNA member \$ \_\_\_\_\_  Non-member \$ \_\_\_\_\_  Rewrite \$ \_\_\_\_\_  Inactive status \$ \_\_\_\_\_

### SECTION II

(✓ **Choose one**)  VISA or  MasterCard

Card number                 Expiry date \_\_\_\_\_

Name as it appears on the credit card or the name of organization paying \_\_\_\_\_

Signature of cardholder (if different from candidate) \_\_\_\_\_

### SECTION III

#### SIGN AND DATE

I authorize the Canadian Nurses Association to process the appropriate fee(s), as described in the application guide, to the credit card number indicated on this form. In the event that I withdraw from the CNA certification exam or withdraw my renewal application, a non-refundable application administrative fee will be charged.

Signature of candidate \_\_\_\_\_ Date \_\_\_\_\_





# DEMOGRAPHIC INFORMATION

## CANADIAN NURSES ASSOCIATION CERTIFICATION PROGRAM

The demographic information collected on this form is used for statistical analysis and policy development. This information is used in a non-identifiable form.

Please indicate the applicable information in the box(es) on the left.

 

(two-letter code)

### 1. Area of certification/certification renewal:

- |                                    |                                   |                                     |
|------------------------------------|-----------------------------------|-------------------------------------|
| <b>CV</b> Cardiovascular           | <b>GR</b> Gerontology             | <b>OT</b> Orthopaedics              |
| <b>CM</b> Community Health         | <b>PC</b> Hospice Palliative Care | <b>PR</b> Perinatal                 |
| <b>CC</b> Critical Care            | <b>MS</b> Medical-Surgical        | <b>OR</b> Perioperative             |
| <b>CP</b> Critical Care Pediatrics | <b>NP</b> Nephrology              | <b>MH</b> Psychiatric/Mental Health |
| <b>ER</b> Emergency                | <b>NN</b> Neuroscience            | <b>RH</b> Rehabilitation            |
| <b>ET</b> Enterostomal Therapy     | <b>OH</b> Occupational Health     |                                     |
| <b>GI</b> Gastroenterology         | <b>OC</b> Oncology                |                                     |

   

### 2. Year of application

(I or R)

### 3. Type of application:

- I** Initial certification
- R** Certification renewal

 

### 4. Province or territory of nursing registration:

- |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| AB | MB | NL | NT | ON | QC | YT |
| BC | NB | NS | NU | PE | SK |    |

 

(01-05)

### 5. Highest level of nursing education:

- |                     |                         |                    |
|---------------------|-------------------------|--------------------|
| <b>01</b> Diploma   | <b>02</b> Baccalaureate | <b>03</b> Master's |
| <b>04</b> Doctorate | <b>05</b> Other _____   |                    |

 

(F or M)

### 6. Gender:

- F** Female
- M** Male

 

(01-11)

### 7. Place of employment: (Please indicate most applicable)

- |                                       |                                     |  |
|---------------------------------------|-------------------------------------|--|
| <b>01</b> Community health centre     | <b>02</b> Hospital                  | <b>03</b> Nursing education setting          |
| <b>04</b> Occupational health setting | <b>05</b> Nursing home/Special care | <b>06</b> Physician's office/Family practice |
| <b>07</b> Public health setting       | <b>08</b> Rehabilitation centre     | <b>09</b> Self-employed/Independent practice |
| <b>10</b> Visiting/Home care agency   | <b>11</b> Other: _____              |  |

(01-14)**8. Position:** (Please indicate most applicable)

- |  |   |                                   |
|--|---|-----------------------------------|
| <b>01</b> Assistant/Associate dean               | <b>02</b> Clinical nurse specialist                   | <b>03</b> Consultant              |
| <b>04</b> Director/Vice-president nursing        | <b>05</b> Instructor/Professor                        | <b>06</b> Nurse manager           |
| <b>08</b> Researcher                             | <b>09</b> Staff nurse                                 | <b>10</b> Supervisor/Co-ordinator |
| <b>11</b> Licensed registered nurse practitioner | <b>14</b> Working in the role of a nurse practitioner |                                   |
| <b>12</b> Other: _____                           |   |                                   |
- 

  
(01-06)**9. Total years of experience as a registered nurse:**

- |                       |                       |                      |
|-----------------------|-----------------------|----------------------|
| <b>01</b> 1-2 years   | <b>02</b> 3-5 years   | <b>03</b> 6-10 years |
| <b>04</b> 11-20 years | <b>05</b> 21-30 years | <b>06</b> 31+ years  |
- 

  
(01-06)**10. Total years of experience in your area of certification:**

- |                       |                       |                      |
|-----------------------|-----------------------|----------------------|
| <b>01</b> 1-2 years   | <b>02</b> 3-5 years   | <b>03</b> 6-10 years |
| <b>04</b> 11-20 years | <b>05</b> 21-30 years | <b>06</b> 31+ years  |
- 

  
(02-25)  
PRIMARY**11. Primary and secondary area(s) of responsibility:**

- |                                   |                                   |                                     |
|-----------------------------------|-----------------------------------|-------------------------------------|
| <b>02</b> Cardiovascular          | <b>03</b> Emergency               | <b>04</b> Gerontology               |
| <b>06</b> Perinatal               | <b>07</b> Medical-Surgical        | <b>08</b> Nephrology                |
| <b>09</b> Neuroscience            | <b>10</b> Occupational health     | <b>11</b> Perioperative             |
| <b>12</b> Oncology                | <b>13</b> Pediatrics              | <b>14</b> Psychiatric/Mental health |
| <b>15</b> Public/Community health | <b>16</b> Visiting home care      | <b>19</b> Critical care             |
| <b>20</b> Critical care pediatric | <b>21</b> Gastroenterology        | <b>22</b> Orthopaedic               |
| <b>23</b> Rehabilitation          | <b>24</b> Hospice palliative care | <b>25</b> Enterostomal/ Wound care  |
| <b>17</b> Other: _____            |                                   |                                     |

  
(02-25)  
SECONDARY

*Thank you for taking the time to complete this form.*



# TIPS FOR COMPLETING THE CNA CERTIFICATION AND CERTIFICATION RENEWAL APPLICATION FORMS

Please read the appropriate application guide for further details.

## Header Section

- If you are applying for two specialties/areas of nursing practice, or renewing in one and writing another, please fill out two separate application forms. Indicate the specialty/area of nursing practice of the other application in the space provided.
- Indicate your preferred language of correspondence.

## 1 – IDENTIFICATION INFORMATION

- PLEASE PRINT.
- Indicate your name exactly as you wish it to appear on your certificate.
- If your name differs from the name on your RN licence/registration, you must provide proof of name change.
- Be sure to enter an e-mail address if you have one. **CNA corresponds primarily by e-mail.**

## 2 – REGISTRATION AND CNA MEMBERSHIP

- Cut out and attach a clear, **legible photocopy** of your **current** Canadian registered nurse licence. The registration number, full name and expiry date must be easy to read.
- If you are a registered nurse in Ontario, attach a copy of your current RNAO membership to qualify for the CNA member fee.  
\*\*A reminder to Ontario nurses: By joining RNAO you can take advantage of automatic membership in CNA and pay about \$200 less for the initial certification fee and about \$68 less for the certification renewal fee. Refer to the application guide for details.

## 3 – GENERAL ELIGIBILITY CRITERIA

- Indicate whether you are applying for eligibility under Option A or Option B. Refer to the application guide for details.
- If you are applying under Option B, attach a copy of your nursing degree or post-basic diploma or certificate in your nursing specialty/area of nursing practice.
- If you are an enterostomal therapy nurse, attach official proof of CAET ETNEP course completion or CAET confirmation of completion of an approved ETNEP course.

## 4 – VERIFICATION OF EXPERIENCE IN THE SPECIALTY/AREA OF NURSING PRACTICE

- This section is very important in determining your eligibility. It **must** clearly show that you have worked the required number of hours in your chosen specialty/area of nursing practice under either option.

## 5 – CONTINUOUS LEARNING ACTIVITIES

- If you are applying to write the initial occupational health or enterostomal therapy nursing certification exam, complete this section (or include a separate sheet) and provide supporting documents.
- If you are renewing your certification, you must align your CL activities with the competencies of your specialty/area of nursing practice (linked to one competency by CL activity is sufficient).

## 6 – ENDORSEMENT AND VERIFICATION OF EXPERIENCE BY A SUPERVISOR/CONSULTANT IN THE SPECIALTY/AREA OF NURSING PRACTICE

- This section **MUST** be completed and signed by a supervisor/consultant in the specialty/area of nursing practice. Your application cannot be reviewed without it.

## 7 – NURSING EDUCATION HISTORY

- If you are applying to write the exam under Option B, your application will not be reviewed unless a copy of your nursing degree or post-basic diploma or certificate in the nursing specialty/area of nursing practice is provided. Enterostomal therapy nurses must provide proof of CAET ETNEP course completion.

## 8 – STATEMENT OF UNDERSTANDING

- **Sign and date this section.** Your application cannot be reviewed without it.
- Indicate whether or not you agree to have your information released to the national association for your specialty/area of nursing practice.

## 9 – WRITING CENTRE INFORMATION

- Indicate in which language you would like to write the exam.
- Indicate if you would like a translated copy of the exam to use as a reference.
- Indicate the writing centre code and city where you would like to write the exam; refer to the inside cover of the application guide for a full list of codes.
- The **Writing Centre Special Request form** is available upon request by calling 1-800-450-5206. It must be completed and sent in with your application. Note that for all special requests, CNA makes the final decision, and if your request is approved, you are responsible for finding an invigilator.
  - **Special Accommodation** – If you have a disability that prohibits you from taking the exam under standard conditions, you can request a special accommodation. On the **Writing Centre Special Request form**, fill in your city code, and on the **General Application form**, enter S P A C 3 on the writing centre code line. Complete the Writing Centre Special Request form and send it in with your application. Supporting documentation must accompany the request for it to be considered.
  - **Substitute Writing Centre** – If you live more than 200 km from a writing centre, you can request that a substitute writing centre be set up closer to you, for an administrative fee of **\$75 + GST or HST** per candidate. On the **Writing Centre Special Request form**, fill in your city code, and on the **General Application form**, enter S B W C 1 on the writing centre code line. Complete the Writing Centre Special Request form and send it in with your application.
  - **Alternate Exam Date** – If religious or extenuating circumstances prohibit you from taking the exam on the scheduled Saturday writing date, you can request to write the exam on the day before (Friday). On the **Writing Centre Special Request form**, fill in your city code, and on the **General Application form**, enter A L W D 2 on the writing centre code line. Complete the appropriate section of the Writing Centre Special Request form and send it in with your application. You must attach supporting documentation for the request to be considered.

## 10 – PAYMENT INFORMATION

- Fill in the appropriate fee that corresponds to your situation (member/non-member, GST/HST).
- **Note that all taxes are already included in the application fees. No additional taxes should be calculated.**
- If someone other than you (e.g., your employer) is paying the fees, indicate their name in the third-party payment space. The receipt will be made out to this person or organization.
- Indicate if you are paying by cheque, credit card (Visa, MasterCard) or money order.
- Payments are processed independently from your application. *A processed payment DOES NOT indicate eligibility.*

### PLEASE REMEMBER:

- If you are paying by credit card, complete and sign the credit card form provided.
- If you require a special accommodation, the Writing Centre Special Request form **MUST accompany your application.**
- All supporting documentation **MUST accompany your application** (e.g., registered nurse licence, copies of diplomas or degrees, continuous learning information, payment).
- If your application is complete, you will receive notification of your eligibility status no later than 8 weeks after the time it arrives at CNA.
- Incomplete applications will incur processing delays.

<b>DATES TO REMEMBER:</b>	<b>EXAM APPLICATION DEADLINE: OCTOBER 15, 2010</b>	<b>RENEWAL APPLICATION DEADLINE: NOVEMBER 26, 2010</b>	<b>EXAM DATE: SATURDAY, APRIL 9, 2011</b>
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### REFUNDS AND OTHER FEES:

- The non-refundable portion of the application fee is \$90.00 + GST or HST for all applicants.
- Additional fee deducted from refund for late withdrawal within 30 days of the exam: \$100.00 + GST or HST.
- Administrative fee if your payment is returned to CNA as invalid: \$20.00 + GST or HST.
- Fee for duplicate receipts: \$10.00 + GST or HST.

**Please call 1-800-450-5206 if you have any questions about completing your application.**