

**CENTRE FOR NURSING STUDIES
CONTINUING NURSING STUDIES**

**CLINICAL TEACHING CERTIFICATE- DISTANCE COURSE
REGISTRATION FORM**

Nursing Registration #: _____

First Name	Middle Name	Last Name	Maiden Name
Street Address	City/Town	Province	Postal Code
Phone Number	E-Mail Address (Compulsory)	Social Insurance Number (tax purposes)	
Emergency Contact Person		Contact Number	

☐ please check this box if employed by the College of the North Atlantic (CNA)

Cost of course - \$250.00

Payment due: Upon Acceptance

PAYMENT

The Centre for Nursing Studies accepts online payment by Visa and MasterCard. A *non-refundable* 2.50% convenience fee will be applied to credit cards. Online payments can be completed at <https://payments.easternhealth.ca/cns>

For payment by mail, please use:

Business Office

Centre for Nursing Studies

Southcott Hall

100 Forest Road

St. John's, NL A1A 1E5

Canada

For payment by E-Transfer, please send to:

al4415@mun.ca

Please include what the e-transfer is for.

I hereby verify that the information given on this Registration Form is correct. I agree to be governed by the policies, rules, and regulations as set forth by the Centre for Nursing Studies.

Permission is granted to The Centre for Nursing Studies to: i) contact previous employers and/or educational institutions to obtain personal references, to verify educational background, and/or to provide the clinical preceptor with this information
ii) provide verification of successful course completion to the licensing body and/or sponsoring agency.

Date

Signature of Applicant

FAX NUMBER: 709-777-8176

EMAIL: stephanie.barrington@mun.ca

The Centre for Nursing Studies (CNS) acknowledges and respects the privacy of individuals. The personal information included on this form is collected under the authority of Sections 32 and 33 of the [Access to Information and Protection of Privacy Act](#) and will be used for processing your application, the administration of student records, and coordinating your academic program. Contact information may be shared with other agencies as it pertains solely to the administration of the program/course for which you have applied or as authorized by law. If you have any questions about the collection, use, or disclosure of information on this form, please email Catherine.e.rice@mun.ca.