

**CENTRE FOR NURSING STUDIES  
CONTINUING NURSING STUDIES**

**Internationally Educated Nurses (IEN) Bridging/RN Re-Entry Program**

**REGISTRATION FORM**

**\*All sections must be fully completed\***

**\*Incomplete Applications will not be reviewed\***

**I. NAME (required)**

First Name	Middle Name	Family Name	Previous Family Name
------------	-------------	-------------	----------------------

**II. PERMANENT ADDRESS (required)**

Street Address	City/Town	Province/Territory/State
----------------	-----------	--------------------------

Country	Postal/Zip Code
---------	-----------------

Phone Number	International Code (if outside of North America)
--------------	--

E-Mail Address (Compulsory)

**Please Note: Proof of address is required for Canadian addresses. – i.e. Government Issued ID**

**III. PERSONAL INFORMATION (required)**

Gender (Male/Female/Other)	Birth Date	First Primary Language
-------------------------------	------------	------------------------

**IV. NEXT OF KIN (required)**

First Name Middle Name Family Name Relationship to Applicant

Street Address City/Town Province/Territory/State

Country Postal/Zip Code

Phone International Code (if outside North America)

**V. CITIZENSHIP (required)**

Canadian Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered No to this entry, please complete the remainder of Section V.**

Country of Citizenship \_\_\_\_\_

Canadian Immigration Status (Please check one):

Permanent Resident/Landed Immigrant: \_\_\_\_\_

Study Permit: \_\_\_\_\_

Other Visa or relevant documentation to study in Canada (please indicate type):

\_\_\_\_\_

**VI. ENGLISH LANGUAGE PROFICIENCY (required)**

English First Language: Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered No to this entry, please complete the remainder of Section VI.**

Was nursing program completed entirely in English: Yes \_\_\_\_\_ No \_\_\_\_\_

Has a Language Proficiency Test been completed: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Language Proficiency Test and date completed: \_\_\_\_\_

**If answered yes to any of the above questions, verification is required.**

## VII. NURSING EDUCATION & STATUS (required)

Country of Nursing Education \_\_\_\_\_

Name of Nursing School \_\_\_\_\_

Year of Graduation from Nursing School \_\_\_\_\_

Highest Level of Education in Nursing (e.g. diploma, degree) \_\_\_\_\_

Years of experience as a Registered Nurse (full-time employment as RN) \_\_\_\_\_

Last date of Employment as a Registered Nurse \_\_\_\_\_

Have you ever been referred for, or participated in, a competency assessment and/or education for initial RN registration in Canada? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered Yes to this entry, indicate where the assessment was performed (ie. Inspire Global, CBA) and the date:**

Name of Regulatory Body you have applied to for RN registration in Canada:

\_\_\_\_\_

Assessment: \_\_\_\_\_

Date: \_\_\_\_\_

## VIII. IEN BRIDGING PROGRAM COURSE REGISTRATION (required)

I have been recommended to complete the entire IEN Bridging Program by a Canadian RN Regulatory Body:

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please note below, the program costs per semester for the full IEN Bridging / RN Re-Entry program. Payment is required upon notification of acceptance into the program.**

Fall Semester	\$1,450.00
Winter Semester	\$2,020.00
Spring Semester	\$1,650.00
Late Summer/Fall Semester	\$3,100.00

**Note:** This price information is accurate at the time of preparation and is therefore subject to change without notice. For more information regarding tuition, please see our website:  
<https://cns.easternhealth.ca/programs-and-courses/continuing-nursing-studies/tuition/>

**Please choose your 1<sup>st</sup> and 2<sup>nd</sup> choice for your specialty course below:**

<b>General</b>	<b>Specialty</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
The Profession of Nursing in Canada	Nursing the Childbearing Family	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic and Professional Communication	Nursing Practice for the Childbearing Family	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacology	Child Health Nursing	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration	Child Health Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>
Health Assessment	Mental Health Nursing	<input type="checkbox"/>	<input type="checkbox"/>
Health Challenges and Nursing Interventions	Mental Health Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>
Complex and Emerging Health Challenges	Community Health Nursing	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skills	Community Health Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>
Medical-Surgical Nursing Practice			

### **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.**

**For payment by mail, please use:**

**Business Office**  
Centre for Nursing Studies  
Southcott Hall  
100 Forest Road  
St. John's, NL A1A 1E5  
Canada

**Online Payment Portal:** <https://payments.easternhealth.ca/cns>

## Admission Requirements

IENs applying to the IEN Bridging/RN Re-Entry Program must complete an application form that identifies the courses for which the application is intended. Other documents to be submitted with the application form include:

- ☐ Application Form
- ☐ Copy of Passport Photo or PR card (Note: proof of valid government issued identification is required for Newfoundland Residents)
- ☐ Proof of eligibility to work or study in Canada through documentation of:
  - Canadian citizenship
  - Permanent residency documents or
  - Authorization under the Immigration and Refugee Protection Act (ie. Valid study permit)
- ☐ Copy of referral letter from a Canadian nursing regulatory body indicating eligibility for interim license following successful completion of the program or specified course(s).
- ☐ For IENs whose first language is not English or who completed their nursing education in a language other than English, a test of English **must** be completed. An official copy of the test results must be submitted before program/course commencement. If such documentation is with the CRNNL, the IEN student can request that a verified copy from CRNNL be forwarded to the CNS. Otherwise, the IEN must request the testing company to send an original report of the test scores to the CNS. Acceptable tests and scores are:
  - **IELTS** (International English Language Testing System – Academic version) overall score of 7.0 with scores of 7.0 - speaking, 7.5 - listening, 6.5 - reading, and 7.0 - writing. Standard Error of Measure (SEM) of 0.5 will be applied to test scores.
  - **TOEFL** (Test of English as a Foreign Language (IBT)). Total minimum score of 86 with scores of 26 -speaking, 20 - listening, 20 - reading, and 20 - writing.
  - **CELBAN** (Canadian English Language Benchmark Assessment for Nurses). Scores: Speaking - 8, Listening – 9, Reading – 8, Writing – 7.

**NOTE:** Test scores are valid for two years from the testing date. IEN students whose test scores expire while still in the IEN Bridging/RN Re-Entry Program may remain in the program if the IEN student is living and/or working in a setting where they are consistently using English as the primary language and no language issues arise. However, it is important to note that the nursing regulatory body requires a current (within two years) English Language Proficiency test score prior to awarding a practicing license.

## Application Deadline

The deadline for the receipt of all documentation required to complete the application is **May 31, 2026** . **Incomplete applications will not be processed.**

**Please note: Priority is given to residents of Newfoundland and Labrador and Canada.**

**Please send the application and all required documentation to:**

Michelle Peddle, Registrar  
Centre for Nursing Studies  
Southcott Hall  
100 Forest Road  
St. John's, NL A1A 1E5  
Michelle.Peddle@mun.ca

### IX. VERIFICATION OF INFORMATION

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 i) to contact the College of Registered Nurses of Newfoundland and Labrador, 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) to provide verification of successful course completion to the licensing body or sponsoring agency.

\_\_\_\_\_  
\* Date

\_\_\_\_\_  
\* Signature of Student

The 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 contact Dr. Kathy Watkins, Director, Centre for Nursing Studies at 709-777-8162.