CENTRE FOR NURSING STUDIES CONTINUING NURSING STUDIES

Internationally Educated Nurses (IEN) Bridging Program

REGISTRATION FORM

I. NAME						
First Name	Middle Name	Family Name	Previous Family Name			
II. PERMANEN	NT ADDRESS					
Street Address	treet Address City/Town		Province/Territory/State			
Country	Postal/Zi _l	p Code				
Phone (Home)	Phone (B	usiness)	Phone (Cell)			
International Code (if outside North America) E-Mail Address (Compulsory)						
III. PERSONAL	INFORMATION					
Gender Birth Date		ite	Native Language			
IV. NEXT OF K	IN					
First Name	Middle Name	Family Name	Relationship to Applicant			
Street Address	City/To	own	Province/Territory/State			
Country		Postal/Zip Code				
Phone	International Coc	International Code (if outside North America) Email Address				

V. CITIZENSHIP						
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: Visitor Permit: Other Visa (please indicate type):						
VI. ENGLISH LANGUAGE PROFICIENCY						
English First Language: Yes No						
If you answered No to this entry, please complete the remainder of Section VI.						
Has a Language Proficiency Test been completed: Yes No						
Name of Language Proficiency Test and date completed:						
VII. NURSING EDUCATION & STATUS						
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						
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 \underline{Yes} to this entry, indicate where the assessment was performed and the date:						
Name of Regulatory Body you have applied to for RN registration in Canada:						

I ha Bo	<u> </u>	ne entire IE	EN B	ridging Program by a Canadian RN Reg	ulatory	
Ye	s No					
	ease note below, the program costs pogram. Payment is required upon r			or the full IEN Bridging / RN Re-Entry acceptance into the program.	Ÿ	
Fall Semester				\$1,450.00		
Winter Semester				\$2,020.00		
Spring Semester				\$1,650.00		
Late Summer/Fall Semester				\$3,100.00		
•	you are <u>not</u> being referred for a full urse(s) for which you are applying: The Profession of Nursing in Canada		ging	/ RN Re-Entry program, please indicates	\$450	
=	Therapeutic and Professional	\$450	H	Nursing the Childbearing Family Nursing Practice for the Childbearing	\$350	
_	Communication	ψ 4 30		Family	ψ330	
	Pharmacology	\$450			\$450	
	Medication Administration	\$750			\$350	
	Health Assessment	\$750		Mental Health Nursing	\$450	
	Health Challenges and Nursing Interventions	\$800		Mental Health Nursing Practice	\$350	
	Complex and Emerging Health Challenges	\$750		Community Health Nursing	\$450	
	Clinical Skills	\$1,250		Community Health Nursing Practice	\$350	
	Medical-Surgical Nursing Practice	\$1,750				
cha	te: This price information is accurating without notice. <u>YMENT</u>	ite at the ti	ime (of preparation and is therefore subject	t to	
cor htt	e Centre for Nursing Studies accepts of evenience fee will be applied to credit of ps://www.centrefornursingstudies.ca/Ir payment by mail, please use:	cards. Onli	ne pa	-	le 1.75%	
	siness Office atre for Nursing Studies					

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

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
Submission of National Nursing Assessment Services (NNAS) report.
 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
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 10, 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 <u>all</u> documentation required to complete the application is *March 20*, 2020. Incomplete applications will not be processed.

Please send the application and all required documentation to:

Barbara Peters, Registrar Centre for Nursing Studies Southcott Hall 100 Forest Road St. John's, NL A1A 1E5 barbara.peters@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 709-777-8160.