

**CENTRE FOR NURSING STUDIES  
CONTINUING NURSING STUDIES**

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

**REGISTRATION FORM**

**I. NAME**

\_\_\_\_\_  
First Name                      Middle Name                      Family Name                      Previous Family Name

**II. PERMANENT ADDRESS**

\_\_\_\_\_  
Street Address                      City/Town                      Province/Territory/State

\_\_\_\_\_  
Country                      Postal/Zip Code

\_\_\_\_\_  
Phone (Home)                      Phone (Business)                      Phone (Cell)

\_\_\_\_\_  
International Code (if outside North America)                      E-Mail Address (Compulsory)

**III. PERSONAL INFORMATION**

\_\_\_\_\_  
Gender                      Birth Date                      Native Language

**IV. NEXT OF KIN**

\_\_\_\_\_  
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)                      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 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:

\_\_\_\_\_

## VIII. IEN BRIDGING/RN REN-ENTRY PROGRAM COURSE REGISTRATION

I have been recommended to complete the entire IEN Bridging/RN Re-Entry 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

**If you are not being referred for a full IEN Bridging/RN Re-Entry program, please indicate the Course(s) for which you are applying:**

<input type="checkbox"/>	The Profession of Nursing in Canada	\$450	<input type="checkbox"/>	Nursing the Childbearing Family	\$450
<input type="checkbox"/>	Therapeutic and Professional Communication	\$450	<input type="checkbox"/>	Nursing Practice for the Childbearing Family	\$350
<input type="checkbox"/>	Pharmacology	\$450	<input type="checkbox"/>	Child Health Nursing	\$450
<input type="checkbox"/>	Medication Administration	\$750	<input type="checkbox"/>	Child Health Nursing Practice	\$350
<input type="checkbox"/>	Health Assessment	\$750	<input type="checkbox"/>	Mental Health Nursing	\$450
<input type="checkbox"/>	Health Challenges and Nursing Interventions	\$800	<input type="checkbox"/>	Mental Health Nursing Practice	\$350
<input type="checkbox"/>	Complex and Emerging Health Challenges	\$750	<input type="checkbox"/>	Community Health Nursing	\$450
<input type="checkbox"/>	Clinical Skills	\$1,250	<input type="checkbox"/>	Community Health Nursing Practice	\$350
<input type="checkbox"/>	Medical-Surgical Nursing Practice	\$1,750			

**Note: This price information is accurate at the time of preparation and is therefore subject to change without notice.**

### **PAYMENT**

The Centre for Nursing Studies accepts online payment by Visa and MasterCard. A *non-refundable 1.75%* convenience fee will be applied to credit cards. Online payments can be completed at <https://www.centrefornursingstudies.ca/PNTuitionFeesandCharges.php>

**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:**

[bhaines@mun.ca](mailto:bhaines@mun.ca)

**Please include what the e-transfer is for.**

**\*\*\*All Applications have a non-refundable application processing fee of \$50.00. This can be paid one of the ways stated above. If sending by E-transfer please include in email that the e-transfer is for the application processing fee for IEN Bridging/RN-Re-Entry.**

## Admission Requirements Checklist

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
    - Study permit
    - Other Visa (Please indicate type) \_\_\_\_\_
  - 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.
- Payment of Application Processing Fee (\$50.00)

**Application Deadline**

The deadline for the receipt of **all** documentation required to complete the application is **March 18, 2022. Incomplete applications will not be processed.**

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

Catherine Rice, Registrar  
Centre for Nursing Studies  
Southcott Hall  
100 Forest Road  
St. John's, NL A1A 1E5  
Catherine.e.rice@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.**