



Continuing Education  
**Reinstatement (Return to Practice) for Nurses Application  
 Form**

To apply to the Reinstatement (Return to Practice) for Nurses program, follow these steps:

1. Print this form and complete the fields below.
2. Review the application package documentation checklist on the reverse side of this form. You must submit **all** required documents along with your application form. **If your application package is incomplete, you will not be eligible for admission.**

**PERSONAL AND CONTACT INFORMATION (Please print clearly.)**

Student ID Number *(if you have one)*

Date of Birth *(DD/MM/YYYY)*

Last Name

First Name

Middle Name

Street Number/Name

Apartment

City

Postal Code

Province or Country

Home Phone *(include area code)*

Alternate Phone *(include area code)*

Extension

Provide both phone numbers so we can contact you if necessary.

Provide an email address that you check frequently.

Email Address

**ACADEMIC AND STUDY STATUS INFORMATION**

Are you a registered nurse (RN) or registered practical nurse (RPN) who needs to meet College of Nurses of Ontario (CNO) reinstatement requirements in order to return to practice? Yes  No

Semester in which you wish to start the program:

Spring/Summer 2017

Application deadline: Friday, April 7, 2017

Fall 2017

Application deadline: Friday, August 11, 2017

Winter 2018

Application deadline: Friday, December 1, 2017

## APPLICATION PACKAGE DOCUMENTATION CHECKLIST

You must submit **all** of the following required documents. **If your application package is incomplete, you will not be eligible for admission.**

Do **not** send original documents. Documents will not be returned.

Your application package must include:

- A copy of your completed Reinstatement (Return to Practice) for Nurses application form
- A copy of your letter of direction from the College of Nurses of Ontario (CNO)
- A copy of your resumé or curriculum vitae (CV) outlining your previous nursing education and practice

You will receive an email confirming your acceptance to the certificate program **within 10 business days of our receipt of your submission.**

## FOR MORE INFORMATION

Contact Gayle Bradley, Nursing Co-ordinator, at 416-415-5000, ext. 2872 or [gbradley@georgebrown.ca](mailto:gbradley@georgebrown.ca), or visit the Continuing Education Nursing department (51 Dockside Dr., Waterfront Campus, Room 229).

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*I certify that the information provided within this form is true and that I have submitted all required documentation.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit your completed application package **by mail** or **in person**:

Continuing Education Nursing Department  
George Brown College, Waterfront Campus  
51 Dockside Dr., Room 229  
Toronto, Ontario  
M5A 0B6

**Attention:** Gayle Bradley, Nursing Co-ordinator