



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.**

For more information, contact Gayle Bradley, Nursing Co-ordinator, at 416-415-5000, ext. 2872, at gbradley@georgebrown.ca, or visit the Continuing Education Nursing department (51 Dockside Dr., Waterfront Campus, Room 229).

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.

Email Address

Provide an email address that you check frequently.

Term in which you wish to start the program:

Winter 2018 (January intake)

Spring/Summer 2018 (May intake)

Fall 2018 (September intake)

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

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
- Copies of **all** College of Nurses of Ontario (CNO) documentation (this may include a letter of assessment, letter of direction and/or list of competency gaps with a CNO cover letter)
- 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.**

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