



Evidence of Safe Practice Education for Reinstatement Application Form

To apply to complete the courses intended for nurses in Ontario who wish to return to active practice in Ontario but have no evidence of safe practice for at least three (3) years, follow these steps:

1. Complete this form.
2. Review the documentation checklist on the second page of this form and create copies of the required documents.
3. Email your application form and **all** the required documents to
If your application email is incomplete, you will not be eligible for admission.

The personal information on this form is collected under the legal authority of the *Ministry of Colleges and Universities Act*, R.S.O. 1990 Reg. 770. The information is being collected for the purposes of admission and administration decisions as outlined by the *Freedom of Information and Protection of Privacy Act* of Ontario Sections (38)(39).

PERSONAL AND CONTACT INFORMATION (print clearly)

Name (full legal name)

Date of Birth (dd/mm/yyyy) Student ID Number (if you have one)

Street Address

City Province Postal Code

Home Phone Number Cell Phone Number Other Phone Number

Email Address (provide one that is checked frequently)

ACADEMIC AND STUDY STATUS INFORMATION

When do you wish to start the program? Select the term and indicate the year (e.g., Winter term intake: January 2021).

- Fall term intake: September 20__
- Winter term intake: January 20__
- Spring/Summer term intake: May 20__

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

DOCUMENTATION CHECKLIST

Your application email **must** include the following:

- A completed copy of this application form
- Copies of **all** College of Nurses of Ontario (CNO) documentation (this may include a letter of assessment, a letter of direction and/or a 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 must provide copies of **all** the listed documents. **If your application email is incomplete, you will not be eligible for admission.**

DECLARATION

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

Signature

Date

Submit the completed application package **by email** to
Gayle Bradley, Nursing Co-ordinator, at this address:

gbradley@georgebrown.ca

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