



DEEPA JAGADEESAN  
572,LAXMI NAGAR  
VANIYAMBADI ROAD  
TIRUPATHUR  
VELLORE DISTRICT TAMIL NADU 635601  
INDIA

Dear Ms.JAGADEESAN

Thank you for inquiring about registering with the College of Nurses of Ontario (“the College”). If you are currently registered in another Canadian province or territory and you have received this application package, please contact our Customer Service Centre at 416 928-0900 or toll free in Ontario at 1 800 387-5526.

Please find enclosed the application forms that you must submit to the College to commence the processing of your application. When the College receives your application fee, completed Application for a Certificate of Registration in the General Class, Authorization to Release information and Verification of Course Completion and Transcript Request forms, including your nursing transcript and copy of course descriptions/outlines and outcomes, the College will provide you with an update, in writing, about the status of your application.

Be advised that any forms that are not accurately completed may create delays in processing your application. To ensure that your application is processed in a timely fashion, please read the following instructions very carefully and promptly submit your Application for a Certificate of Registration in the General Class form and application fee. To expedite the processing of your application we also recommend that you ensure that your Verification of Course Completion and Transcript Request form is submitted to the College as soon as possible.

#### **Application for a Certificate of Registration in the General Class**

**The enclosed Application for a Certificate of Registration in the General Class form must be completed by you and returned to the College of Nurses of Ontario.**

The Application for a Certificate of Registration in the General Class form requests a complete summary of your demographic information, nursing credentials and registration history. Please complete and sign the Application for a Certificate of Registration in the General Class Form, and return it to the College with the appropriate non-refundable application fee in Canadian funds.

#### **Payment Section**

To begin processing your application you are required to pay an assessment fee. The fees are in Canadian funds and include all taxes. Please note that these fees are in effect as of June 2nd, 2010 and may change in the future. The assessment fee for International graduates applying as a Registered Nurse is \$600.00 (+ HST) = \$678.00. The assessment fee for International graduates applying as a Registered Practical Nurse is \$200.00 (+ HST) = \$226.00.

## **Sections 1 and 2: Personal Information**

You must verify that the pre-printed information in Section 1 is correct. If the information is incorrect, correct the information in the section on the right. This information will be used when contacting you. Please also answer the questions posed in Section 2.

## **Sections 3 and 4 - Summary of Initial and Additional Nursing Education**

You are required to identify your basic nursing program and any additional nursing education you completed. For each program you must indicate the school name, address, type of program and date of completion. Please provide a clear and legible photocopy of each final or provisional degree/diploma certificate as issued to you upon graduation.

## **Sections 5, 6, 7 and 8 - Summary of Registration**

You are required to identify all registration boards from every province, territory or country in which you have obtained registration as a nurse. You must indicate for each board your category and registration number. You are also required to identify all jurisdictions in which you have applied for, but not yet received, registration and if you have written any nursing exams in Canada or the State Board Test Pool Exam (SBTPE) in the United States prior to July 1, 1982. Please also indicate if you have ever applied for or obtained registration in Ontario.

## **Section 9 - Declaration of Registration Requirements**

You must complete the Declaration of Registration Requirements and provide information about your character and suitability to practice, by responding to the questions below.

Have you:

- ever been found guilty of a criminal offence (for example: shoplifting, impaired driving, theft, fraud, assault, assault with a weapon, sexual assault)?
  
- ever been found guilty of offences under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada)?
  
- ever been, or are you currently, affected by a physical or mental condition or disorder that could affect your ability to practise nursing (for example: depression, bipolar, attention deficit disorder, anxiety, anorexia, panic attacks, schizophrenia, or any other medical condition as diagnosed by your attending physician, or by any other physician, health professional or psychiatrist)?
  
- previously been, or are you currently, the subject of proceedings with respect to professional misconduct, incompetence or incapacity in Ontario or in another health profession, or in any other jurisdiction in nursing?
  
- ever had your licence/registration denied or encumbered in any way (revoked, suspended, surrendered, restricted, subject to terms, conditions and limitations) by a registration/licensing authority in Ontario or in any province, territory, state or country?

Your registration may be denied if you fail to provide relevant information in response to these questions above. You must also report immediately any changes to your original declaration (e.g., criminal convictions, disciplinary actions etc.).

## **Authorization to Release Information**

This form authorizes the College to contact your employer(s) and/or your educational institution(s) if we require additional information with respect to your application. You can also authorize another individual to seek, receive or provide information concerning your application (optional).

## **Verification of Course Completion and Transcript Request Form**

**The enclosed Verification of Course Completion and Transcript Request form must be completed in part by you and then you must send it to the school where you completed your initial nursing program. The Verification of Course Completion and Transcript Request form must be returned directly to the College by the official source or it will not be accepted.**

You must send the Verification of Course Completion and Transcript Request form to the institution where you completed your basic nursing program. You should also send this form to any other institutions where you completed additional nursing education. Your school must send a detailed transcript listing the final grades, theory and clinical hours for all the subjects contained in your nursing program and a copy of the course descriptions/outlines and outcomes. If you are a Canadian graduate registered in another Canadian province prior to January 1, 2005, you are not required to provide a Verification of Course Completion and Transcript Request form.

The Verification of Course Completion and Transcript Request form requests official verification of your nursing credentials. You complete and sign Section 1 of the form and the College recommends that you send it to the official sources, your nursing schools, by registered mail. The nursing schools must complete Section 2 and return the form directly to the College. The College will only accept documents that come directly from the official source. Verification of Course Completion and Transcript Request forms that are sent to the College by the applicant will not be accepted. The forms must include the official seal or stamp from the institution and the signature of the official who completed the form. The forms must be mailed directly to the College in an envelope with the letterhead, seal or stamp of the institution. Incomplete forms will be returned to the official source for verification.

You can make additional photocopies of any form as necessary. You must ensure that all forms are dated and signed. Incomplete or missing information may result in the form(s) being returned and/or delay the processing of your application. Falsification of information on your application may result in the cancellation of your application for registration or cancellation of any certificate that may be issued.

Correspondence and completed forms may be faxed to the College; however, we require originals to complete your evaluation.

Please note that all application materials become the property of CNO and will not be returned. For more information on CNO's retention policy, contact the Manager, Information Management, 101 Davenport Rd., Toronto, ON, M5R 3P1; 416 928-0900 or toll free in Ontario 1 800 387-5526. Please also review the information contained in their Registration section of the College's website at [www.cno.org](http://www.cno.org).

## **Translation of application documents**

In order to facilitate the application process, the College requires *all* documents submitted by applicants to be in either English or French.

Documents that are required to assess an applicant's eligibility for registration should come from the source (e.g., transcripts should come to the College from the school offering the program of study in question). However, in those instances when the original document is not available in English or French, it is the applicant's responsibility to arrange for a translation of that document before it is submitted to the College.

### **The translation process**

When the College receives an acceptable original document in another language from a source (e.g., a school, an employer or a health regulatory body), it will provide the applicant with a copy of that document for translation.

All translations must be accompanied by an original statement from the translator that affirms:

- the translation is accurate and authentic
- the translator is an accredited member the Association of Translators and Interpreters of Ontario
- the identification number and/or seal, name, address and telephone number of the translator
- the printed name and original signature of the translator

After the translation is completed, the applicant must then arrange to have the translated document sent back to the College by the translator.

To find an accredited translator, contact the [Association of Translators and Interpreters of Ontario](#) (ATIO) at 1 800-234-5030 (613 241-2846 in the Ottawa region), or by email [info@atio.on.ca](mailto:info@atio.on.ca).

When you contact ATIO, confirm the translator is certified to translate into English or French from the original language of the document. The College will *not* accept translations completed by ATIO candidates for certification.

The College will also accept translated documents from:

- the consulate, high commission or embassy (in Canada) of the country that issued the documents
- a Canadian consulate, high commission or embassy in the country from which the documents were sent

The College does not return documents it receives as part of the application process, so remember to keep copies of all documents that you submit as part of your application.

If you have further questions about translation of documents, contact the College of Nurses of Ontario at:

E-mail: [cno@cnomail.org](mailto:cno@cnomail.org)

Tel.: 416 928-0900

Toll-free in Ontario: 1 800 387-5526

Fax: 416 928-6507

Website: [www.cno.org](http://www.cno.org)

Thank you for applying to the College of Nurses of Ontario.

## **Collection and Retention of Personal Information**

### **Collection, Use & Safeguards**

The College of Nurses of Ontario (the College) collects the information in the application form under the general authority of the *Nursing Act, 1991*, S.O. 1991, c. 32, and its regulations, the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18 and the College's by-laws. The College collects the information for the purpose of assessing eligibility for registration. The information will be used by the College, including its Executive Director and staff, and may be used by the Registration Committee to determine whether registration requirements have been met. On registration with the College, the information will be referred to your continuing membership. Appropriate measures are taken to safeguard the confidentiality of the personal information you provide. If you have any questions about the collection and use of this information, contact the Manager of Information Management at 101 Davenport Rd., Toronto, ON M5R 3P1; 416 928-0900 or toll-free in Ontario at 1 800 387-5526.

### **Retention**

Information and documents received from, and on behalf of, applicants will be retained permanently after registration, otherwise will be kept for two years after the year of the last activity date recorded on the file at which time the information and documents will be destroyed. All documents become the property of the College and will not be returned. If you have any questions about the College's retention policy, contact the Manager of Information Management at 101 Davenport Rd., Toronto, ON M5R 3P1; 416 928-0900 or toll-free in Ontario at 1 800 387-5526.

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## Payment Information

DEEPA JAGADEESAN  
572, LAXMI NAGAR  
VANIYAMBADI ROAD  
TIRUPATHUR  
VELLORE DISTRICT TAMIL NADU 635601  
INDIA

Date of Birth: 25-Mar-1987

Previous Name(s): \_\_\_\_\_



13-Mar-2012

**\$678.00 (HST included) - International Graduates applying as a Registered Nurse (RN)**

**\$226.00 (HST included) - International Graduates applying as a Registered Practicle Nurse (RPN)**

The fee **must** accompany the completed application forms

The application fee is **non-refundable**

Method of Payment (In Canadian funds only, payable to the College of Nurses of Ontario):

Visa  Cheque

MasterCard  Money Order

American Express

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
MMM/YYYY

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/MMM/YYYY

**Incomplete or missing information may delay the processing of your application**

Ensure you review the College's Collection and Retention of Personal Information statement on page 5 of the letter of introduction included with your application forms

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The application fee **MUST** accompany this form. This fee is non-refundable.

**Section 1: Personal Information**

Complete this section **ONLY** if the information in the section located on the left is incorrect. Please print.

DEEPA JAGADEESAN  
572, LAXMI NAGAR  
VANIYAMBADI ROAD  
TIRUPATHUR  
VELLORE DISTRICT TAMIL NADU 635601  
INDIA



Gender: Female  
Date of Birth: 25-Mar-1987  
Phone Number: 918754114433  
E-mail address: deepansg@gmail.com  
Graduation Country: INDIA  
Graduation Year: 2008  
Application for: RN

Given Name(s)

Surname

Previous Name(s)

Street Number and Name Apt #

City/Town Province/State

Postal Code Country

Phone Number (include Area Code)

E-mail address

Graduation Country

Graduation Year Date of Birth (DD/MMM/YYYY)

Correction to application for: RN  RPN

**Section 2: Please complete and print your responses**

1. Language of preference when communicating with the College: English  French

2. Have you ever had a previous application or registration with the College of Nurses of Ontario? No  Yes

If YES, state your College of Nurses of Ontario (CNO) Application or Registration Number: \_\_\_\_\_

3. Have you ever been employed as a nurse since graduating from your nursing program? No  Yes

4. If you answered Yes to question 3, where have you been employed?

a. \_\_\_\_\_ Province/State and Country  
b. \_\_\_\_\_ Province/State and Country  
c. \_\_\_\_\_ Province/State and Country

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### Section 3: Initial Nursing Education

School of Nursing	Telephone (include Area Code)	Fax (include Area Code)
Address	City	Province/State
Postal/Zip Code	Country	
Start Date (DD/MMM/YYYY)	End Date (DD/MMM/YYYY)	
Type of Program Completed:    Registered Nurse <input type="radio"/> Registered Practical Nurse <input type="radio"/> Other: _____		
Credit received:    Certificate <input type="radio"/> Diploma <input type="radio"/> Associate Degree <input type="radio"/> Baccalaureate Degree <input type="radio"/>		
Other: _____		

### Section 4: Summary of Additional Education

Name and Address of School	Credit Received ( <i>Circle One</i> )
Start Date (DD/MMM/YYYY): _____ End Date (DD/MMM/YYYY): _____ Registered Nurse <input type="radio"/> Registered Practical Nurse <input type="radio"/> Other: _____	Certificate <input type="radio"/> Diploma <input type="radio"/> Associate Degree <input type="radio"/> Baccalaureate Degree <input type="radio"/> Other: _____ <i>Please specify</i>
Start Date (DD/MMM/YYYY): _____ End Date (DD/MMM/YYYY): _____ Registered Nurse <input type="radio"/> Registered Practical Nurse <input type="radio"/> Other: _____	Certificate <input type="radio"/> Diploma <input type="radio"/> Associate Degree <input type="radio"/> Baccalaureate Degree <input type="radio"/> Other: _____ <i>Please specify</i>

**Incomplete or missing information may delay the processing of your application**

Ensure you review the College's Collection and Retention of Personal Information statement on page 5 of the letter of introduction included with your application forms



**Section 5: Summary of Registration**

1. Did you obtain registration as a nurse in the jurisdiction where you completed your initial nursing program?

No Please explain: \_\_\_\_\_

Yes \_\_\_\_\_  
 Province/State/Country (including Ontario) Date (DD/MMM/YYYY)

Category: Registered Nurse  Registered Practical Nurse  Other: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Initial date of registration: \_\_\_\_\_  
 DD/MMM/YYYY

Expiry date of registration: \_\_\_\_\_  
 DD/MMM/YYYY

2. Have you obtained registration in any other jurisdictions, not stated in question 1?

Yes - Complete the chart in Section 6

No - Go to Section 7

**Section 6: List all jurisdictions where you have obtained registration as a nurse**

Province/State and Country of Registration (including Ontario)	Category of Registration e.g. Registered Nurse (RN), Registered Practical Nurse (RPN), other (specify)	Registration Number	Date Registration Issued (DD/MMM/YYYY)	Expiry Date of Registration (DD/MMM/YYYY)

**Incomplete or missing information may delay the processing of your application**  
 Ensure you review the College's Collection and Retention of Personal Information statement on page 5 of the letter of introduction included with your application forms





**Section 9: Declaration of Registration Requirements - Applicant must complete and sign the bottom of this section.**  
**If you answered "YES" to question 2, 3, 4, 5, 6 or 7, please attach an explanation and any relevant supporting documentation.**

<p>1. Are you a Canadian Citizen, a holder of permanent resident status of Canada, or authorized under the <i>Immigration and Refugee Protection Act</i> (Canada) to practice the nursing profession?</p> <p>If you answered "Yes" to question 1, PLEASE PROVIDE PROOF OF YOUR STATUS by attaching a photocopy of your: Canadian Birth Certificate OR Permanent resident Card / Landed Immigrant Documentation (IMM-1000 Form) OR Certificate of Canadian Citizenship OR current Canadian Passport OR Certificate of Indian Status or valid Work Permit.</p> <p>If the name on your citizenship document is different from the name on this form, you must submit a copy of a legal document (e.g. birth certificate, marriage certificate or divorce decree) to validate both names.</p>	<p>No <input type="radio"/> Yes <input type="radio"/></p>
<p>2. Have you ever been denied registration/licensure by a registration/licensing authority for nursing (RN/RPN) in any province, territory, state or country?</p>	<p>No <input type="radio"/> Yes <input type="radio"/></p>
<p>3. Are you currently under investigation, or involved in any proceedings, which could result in the encumbrance of your registration/licensure by a registration/licensing authority for nursing or another health profession in Ontario or in another province, territory, state or country?</p>	<p>No <input type="radio"/> Yes <input type="radio"/></p>
<p>4. Have you ever had your nursing registration/licensure revoked, suspended, surrendered, restricted, subjected to individual terms and conditions by a registration/licensing authority or another health profession in Ontario or in another province, territory, state or country?</p>	<p>No <input type="radio"/> Yes <input type="radio"/></p>
<p>5. Have you ever been found guilty of a criminal offence? For an explanation of what constitutes a finding of guilt of a criminal offence please refer to the letter of introduction, Section 9 - Declaration of Registration Requirements.</p>	<p>No <input type="radio"/> Yes <input type="radio"/></p>
<p>6. Have you ever been found guilty of an offence under the <i>Controlled Drugs and Substances Act</i> (Canada) or the <i>Food and Drugs Act</i> (Canada)?</p>	<p>No <input type="radio"/> Yes <input type="radio"/></p>
<p>7. Have you ever been, or are you currently, affected by a physical or mental condition or disorder that could affect your ability to practice nursing? It is not necessary that your condition or disorder be currently affecting your practice in order for you to have a reporting obligation. For an example, please refer to the letter of introduction, Section 3 - Declaration of Registration Requirements.</p>	<p>No <input type="radio"/> Yes <input type="radio"/></p>

I, \_\_\_\_\_, hereby certify that I am the person applying for a certificate of registration and  
*Please Print Name*

that all statements are true and complete in every respect. I understand that falsification, misrepresentation or providing misleading information, knowingly on this application may result in the cancellation of my application for registration or cancellation of any certificate that may be issued.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Incomplete or missing information may delay the processing of your application**

**Ensure you review the College's Collection and Retention of Personal Information statement on page 5 of the letter of introduction included with your application forms**



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572, LAXMI NAGAR  
VANIYAMBADI ROAD  
TIRUPATHUR  
VELLORE DISTRICT TAMIL NADU 635601  
INDIA

Date of Birth: 25-Mar-1987

Previous Name(s): \_\_\_\_\_



I, \_\_\_\_\_, am seeking nursing registration in Ontario.

Please print your name

In order to process my application, the College of Nurses of Ontario (CNO) may request that my educational institution(s) provides information with respect to my **educational preparation**. I hereby give my present and/or previous educational institution(s) consent to provide to CNO any, and all, information in its possession regarding my educational training. This shall constitute your legal authority to provide this information and any other information, which CNO shall request, which may, in any way, be relevant to my application.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

DD/MMM/YYYY

**Optional: Complete this section if you wish another individual to seek, receive, or provide information concerning your application. This authority can only be granted to a specific individual.**

To the College of Nurses of Ontario:

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ residing at

Please print name

Authorized person (please print name)

\_\_\_\_\_  
Address (please print)

Telephone number: \_\_\_\_\_ to seek, receive and provide information concerning

my application for nursing in Ontario. This authority shall remain in force for two years from the date this form is signed by me unless I provide written notification to the contrary to the College of Nurses of Ontario.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

DD/MMM/YYYY

**Incomplete or missing information may delay the processing of your application**

Ensure you review the College's Collection and Retention of Personal Information statement on page 5 of the letter of introduction included with your application forms



**Applicant: Please complete Section 1 and send the form directly to the School of Nursing. Do not complete Section 2.**

**Section 1: Applicant Information**

DEEPA JAGADEESAN  
572,LAXMI NAGAR  
VANIYAMBADI ROAD  
TIRUPATHUR  
VELLORE DISTRICT TAMIL NADU 635601  
INDIA

Gender: Female  Male

Date of Birth: 25-Mar-1987

Name of School of Nursing: \_\_\_\_\_

Program Completed: Registered Nurse  Registered Practical Nurse  Other: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Student Number (If applicable): \_\_\_\_\_  
DD/MMM/YYYY

I authorize \_\_\_\_\_ (Name of School of Nursing) to provide the information requested in Section 2 and a transcript to be sent directly to the College of Nurses of Ontario.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/MMM/YYYY

**Attention Applicant: DO NOT COMPLETE SECTION 2**

**Section 2 - Nursing School:** Please complete Section 2 of this form and include an **official transcript** that includes a list of the grades achieved, a breakdown of hours of theory and clinical practice for each subject and a copy of the course descriptions/outlines and outcomes of the program the applicant completed. Send directly to the College of Nurses of Ontario, address provided on the top left corner of the form.

\_\_\_\_\_  
School of Nursing Type of School (e.g. College, Hospital, University, Vocational)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town Province/State Postal/Zip Code Country

\_\_\_\_\_  
Telephone Number (include Country Code) Fax Number (include Country Code)



1. Level of Program Completed: Certificate  Diploma  Degree  Other \_\_\_\_\_  
Please specify

2. Type of Program Completed: Registered Nurse  Registered Practical Nurse  Other \_\_\_\_\_  
Please specify

3. Name of Program: \_\_\_\_\_

4. Language(s) of Instruction: \_\_\_\_\_

5. Total Number of Years of Education Required for Admission to the Program: \_\_\_\_\_ Years

6. Length of the Program: \_\_\_\_\_

7. Date of Admission: \_\_\_\_\_  
DD/MMM/YYYY

8. Date of Completion: \_\_\_\_\_  
DD/MMM/YYYY

9. Program Officially Accredited/Approved/Recognized by:

\_\_\_\_\_  
Name of Nursing Regulatory Body/Board, Licensing/Recognition/Governmental Authority or Accrediting Organization

I hereby certify that to the best of my knowledge this is a true statement of the record of the nursing program of the individual named in Section 1 of this form.

Name: \_\_\_\_\_  
Please print name

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
DD/MMM/YYYY

**Nursing School: Place school seal within the box provided below:**

<p><b>Mail to:</b></p>  <p><b>College of Nurses of Ontario</b> 101 Davenport Road Toronto, Ontario M5R 3P1 Canada</p>	<p style="text-align: center;"><b>Place Seal Here</b></p>
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