

**PERSONAL DECLARATIONS FOR
GRADUATE NURSE PRACTITIONER STUDENTS**

I. FITNESS TO PRACTICE

I, _____, attest that I am currently fit to practice (i.e. Definition of Fitness to Practice: "All the qualities and capabilities of an individual relevant to his or her capacity to practice as a registered nurse, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition or dependence on alcohol or drugs that impairs his or her ability to practice nursing." (Alberta Health Professions Act RSA 2000, Interpretation, 1,1, s)

I agree to immediately contact the Associate Dean Graduate Studies (Nursing) or faculty representative, should I experience a significant change in my personal physical, mental, or emotional health which affects my ability to participate in clinical practice. _____INITIALS

II. CURRENT LICENSURE AS A REGISTERED NURSE IN A CANADIAN REGULATORY JURISDICTION

I, _____, attest that I currently hold licensure as a registered nurse as follows:

Province(s) of Registration:

Registration #(s):

Date(s) when Renewal is due:

I agree to immediately contact the Associate Dean Graduate Studies (Nursing) or faculty representative, should there be a change in my registration status. _____INITIALS

III. POLICE INFORMATION CHECK

I, _____, acknowledge that if during my nursing program I am charged or convicted of a criminal offence it is my obligation to inform the Associate Dean of Graduate Studies (Nursing) . _____INITIALS

Name: (print) _____

Signature: _____

University of Alberta Student ID Number: _____

Date: (year) _____ (month) _____ (day) _____

Please submit this completed form to the Graduate Nursing Office with your Health and safety documents.