



PEDIATRIC NURSING CERTIFICATION BOARD

Promoting Excellence for Pediatric Nurse Practitioners and Nurses

I certify by typing my signature below that I grant permission to the Pediatric Nursing Certification Board (PNCB) to release personally identifiable information regarding my exam results, which will include the pass/fail result, the scaled score and, if unsuccessful, the performance by exam domain, to my provincial regulator.

I understand that these results will be sent to my provincial regulator by email.

Please indicate the provincial regulator to which the examination results are to be released. **Select only one regulator.**

- College of Registered Nurses of British Columbia
e-mail to: taylor@crnbc.ca
- College and Association of Registered Nurses of Alberta
e-mail to: nursepractitioners@nurses.ab.ca
- Saskatchewan Registered Nurses Association
e-mail to: kturner@srna.org and nschmidt@srna.org
- College of Registered Nurses of Manitoba
e-mail to: registration@crnm.mb.ca
- College of Nurses of Ontario
e-mail to: cno@cnomail.org (write “NP Exam Consent Form” in subject-line)
- College of Registered Nurses of Nova Scotia
e-mail to: amcameron@crnns.ca
- Association of Registered Nurses of Newfoundland and Labrador
e-mail to: registration@arnnl.ca

Name: _____

Date: _____

Candidates who are re-writing this exam after their second unsuccessful attempt must complete remediation before submitting this form. Read the [candidate fact sheet](#) for details.

Please submit this completed form to the regulatory body checked above. Do not submit this form directly to PNCB.

Confidentiality of Information:

Information collected by PNCB about candidates for testing purposes and their examination results are **confidential** and will not be released except with the specific written authority of the candidate. Studies and reports concerning candidates will contain no information identifiable with any candidate.