



**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 examination 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

College and Association of Registered Nurses of Alberta

Saskatchewan Registered Nurses Association

College of Registered Nurses of Manitoba

College of Nurses of Ontario

L'Ordre L'Ordre des infirmières et infirmiers du Québec

Nurses Association of New Brunswick

College of Registered Nurses of Nova Scotia

Association of Registered Nurses of Prince Edward Island

Association of Registered Nurses of Newfoundland and Labrador

Registered Nurses Association of the Northwest Territories and Nunavut

Yukon Registered Nurses Association

Name: _____

Date: _____

Please submit this completed form to the **regulatory body checked above**. Click on "Save" to allow you to save the form to your system ("save as") and email the completed form as an attachment, or click "Print" if you would prefer to print and scan the form for submission.

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.