

Continuing Competence Program Audit Questionnaire

For the 2016 licensing year **(November 1, 2015 to October 31, 2016)**

Directions: Read the questions in the shaded areas. Answer either YES or NO by placing your initials in the corresponding box. Follow the instruction prompts.

Section 1: Employment

I was on medical/family leave from my employment for more than 75% (9 months) of the 2016 licensing year and worked less than 480 hours due to medical/family reasons.	
YES	STOP: You are exempt from the CCP audit this year. Sign the declaration at the end of this form and return it to the College. (You may be selected in the CCP audit next year.)
NO	Go to section 2

Section 2: Graduate Exclusion

I graduated from a practical nursing program (core or re-entry) or passed the CPNRE in the last 6 months.	
YES	STOP: You are exempt from the CCP audit this year. Sign the declaration at the end of this form and return it to the College. (You may be selected in the CCP audit next year.)
NO	Go to section 3

Section 3: Learning Document Submission

All activities MUST have been completed in the last licensing year: **November 1, 2015 & October 31, 2016.**

In addition to this questionnaire, I am submitting the following 1 document: CHECK ONE	
<input type="checkbox"/>	
<input checked="" type="checkbox"/>	A record of 2 professional activities completed in the last licensing year
<input type="checkbox"/>	
CALL a College Practice Consultant if your learning activities fall outside the required dates.	

Section 4: Declaration and signature

Declaration	
My signature indicates the above information is accurate and true.	
I understand:	
<ul style="list-style-type: none"> · this information is reviewed by CLPNNS staff or designates; · incomplete forms may be returned to me resulting in a delay in this time sensitive process; · this questionnaire may be kept on file as confirmation of my participation in the CCP audit, and; · I may be required, pursuant to the current LPN Act and Regulations, to perform additional self-assessments and/or complete and submit verification of additional learning at my own expense to meet the Continuing Competence Program requirements. 	
Date:	Printed Name:
Registration #:	Signature:
Email:	

Send copies of this form **AND** your learning document to:

CLPNNS -CCP Verification
7071 Bayers Road, Suite 302
Halifax, NS B3L 2C2

You may fax (**please put your name on each page**) your documents to: (902) 425-6811