



Starlite Gallery
302 – 7071 Bayers Road
Halifax, Nova Scotia B3L 2C2
Telephone: 1-902-423-8517
Toll Free (NS): 1-800-718-8517
Fax: 1-902-425-6811
info@clpnns.ca www.clpnns.ca

VERIFICATION OF ORIGINAL REGISTRATION/LICENSURE

SECTION A: APPLICANT – Complete **Section A** and forward to the regulatory body that issued your **original registration/licensure** to request verification of your license by completing Section B.

(Last Name) (First Name) (Middle Name) (Previous Name)

Date of Birth _____ Original Registration Year _____ Registration Number _____
(dd/mm/yyyy) (yyyy)

Signature: _____ Date: _____

=====

SECTION B: REGISTRATION/LICENSING AUTHORITY – To be completed by the regulatory body issuing original registration/license. Return completed form directly to the **College of Licensed Practical Nurses of Nova Scotia Starlite Gallery, 302 – 7071 Bayers Road, Halifax, Nova Scotia, Canada B3L 2C2.**

Acting on behalf of the _____
(Current Registration Authority)

I do hereby certify that _____
(First and Last Name)

graduated from _____
(Name of Educational Institution) (Street Address)

(City/Town) (Province/Territory/State) (Country) (Postal Code/Zip Code)

Registration was obtained by Examination ____ Endorsement ____ and the current registration/licensure as a Licensed Practical Nurse or equivalent was issued on _____.
(dd/mm/yyyy)

Registration/License Number _____ Original Registration /License Expiry Date _____
(dd/mm/yyyy)

The Educational Institution is/was approved during the time of this applicant's graduation by:
