



Starlite Gallery
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APPLICATION FOR INITIAL REGISTRATION AND LICENSURE IN NOVA SCOTIA

Please choose **one** of the following:

- Nova Scotia Practical Nursing Graduates – Application fee \$50.00
Are you requesting a GPN license: Yes No
- Canadian Registration outside of Nova Scotia – Application fee \$50.00
- Internationally Educated Nurse – Application fee \$100.00
- Practical Nursing Graduate Equivalent – Application fee \$50.00
- Other _____ – Application fee \$50.00

Please note: All fees must accompany this application, are to be paid in Canadian funds, and are non-refundable.

Under the LPN Act (2006) and LPN Regulations (2009) the Executive Director/Registrar has the authority to request the applicant to provide any information to establish that the applicant has the capacity, competence, capability and character to safely and ethically practice practical nursing.

APPLICANT INFORMATION (Please Print)

(Last Name)	(First Name)	(Middle Name)	(Previous Name)
Date of Birth: _____ (dd/mm/yyyy)		Email Address: _____ (Personal Email)	
(Street Address)		(City/Town)	(Province/Territory/State)
(Country)		(Postal Code/Zip Code)	
(Telephone – Home)		(Telephone – Cell)	

Check the boxes below, to ensure that you have read and understand the statements.

- I understand that CLPNNS will rely on the documents and information submitted and that if any of the items are falsified, altered or tampered with may adversely affect my eligibility for registration and licensure. A record of the findings of fraud will be kept on file at CLPNNS and will form part of the information provided to a regulatory body in any new application.
- I understand that all documents submitted become the property of CLPNNS and will not be returned.
- I understand documents that are not provided in English will require official translation before being submitted to CLPNNS; any costs associated with the translation of documents are the responsibility of the applicant.
- I acknowledge that CLPNNS may use the information submitted or any information submitted on my behalf for statistical purposes.

Release of Information: Under Personal Information Protection and Electronic Documents Act (PIPEDA), statistical information may be released by the College to third parties for research or statistical purposes. Your personal information is never released.

EDUCATIONAL INSTITUTION

(Name of Program)		(Year Graduated)		
(Name of Educational Institution)				
(Street Address)	(City/Town)	(Province/Territory/State)	(Country)	(Postal Code)
Program Start Date (dd/mm/yyyy)		Program End Date (dd/mm/yyyy)		Program Length (month's)

Did your Practical Nursing or Nursing Equivalent Program include the following?

Pharmacology/Administration of Medications: Yes No Year Completed: _____

Physical/Health Assessment: Yes No Year Completed: _____

REGISTRATION/LICENSURE INFORMATION

Original Regulatory Body	Current Regulatory Body
Name: _____	Name: _____
City/Town: _____	City/Town: _____
Province/State: _____	Province/State: _____
Country: _____	Country: _____
Registration Number: _____	Registration Number: _____
Dates: From _____ To _____ (dd/mm/yyyy) (dd/mm/yyyy)	Dates: From _____ To _____ (dd/mm/yyyy) (dd/mm/yyyy)

PRACTICE EXPERIENCE INFORMATION (within the past five years)

Current/Most Recent Employment Agency #1	Current/Most Recent Employment Agency #2
Name of Employer: _____	Name of Employer: _____
Street Address: _____	Street Address: _____
_____	_____
City/Town: _____	City/Town: _____
Province/State: _____	Province/State: _____
Country: _____	Country: _____
Dates: From _____ To _____ (dd/mm/yyyy) (dd/mm/yyyy)	Dates: From _____ To _____ (dd/mm/yyyy) (dd/mm/yyyy)

NUMBER OF HOURS PRACTISED IN PAST FIVE YEARS

YEAR	HOURS
Year 201__	
Year 201__	
Year 201__	
Year 201__	
Year 201__	
Total	

ENGLISH LANGUAGE

The College of Licensed Practical Nurses of Nova Scotia requires that applicants may be required to confirm English language proficiency. If your first language is not English you are required to successfully complete an English language proficiency assessment or meet the criteria as outlined on our website www.clpnns.ca.

JUDICIAL OR DISCIPLINARY DECLARATION:

1. Have you been charged with, pleaded guilty to or been convicted of any indictable offence(s) for which you have not received a pardon?
Yes No
2. Are you currently under investigation by any registration/licensing authority?
Yes No
3. Have you been disciplined by a registration/licensing authority for any occupation/profession in any province, state or country?
Yes No
4. Have you had conditions or restrictions placed on any professional license that you currently hold?
Yes No
5. Is there, to your knowledge any issue related to your competence, character, capacity or conduct that may impact your ability to practice as a Licensed Practical Nurse?
Yes No

If you answered yes to any of the above questions, please contact the Director of Registration and Professional Conduct Services at CLPNNS for further information and instructions.

Please note that it is your responsibility to check the CLPNNS website’s (www.clpnns.ca) “License Verification” to ensure your license has been processed prior to accepting work.

I verify the information on this application is true, complete and I have read and understand the information. I understand by signing this application I agree to the terms and conditions stated herein.

Signature

Date

PAYMENT INFORMATION

Payment Total (CAD Funds Only):	\$	
Payment Type: Make cheque/money order payable to CLPNNS.	Cheque <input type="checkbox"/>	
	Money Order <input type="checkbox"/>	
	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	
Credit Card Details:	Card Number:	Expiry Date:
	Cardholder Name:	
	Cardholder Signature:	

CLPNNS Office Use Only		
GPN Number:	LPN Number:	Temporary Number:
Issue Date:	Issue Date:	Issue Date:
Fee Paid: \$	Fee Paid: \$	Fee Paid: \$
CLPNNS Staff:	CLPNNS Staff:	CLPNNS Staff:
Criminal Record Verification		
CLPNNS Staff:	Date:	