



Starlite Gallery
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Nova Scotia Practical Nursing Graduate Information Change

Name: _____ GPN Number: _____
Educational Institution/Campus: _____ Date of Birth: _____
(dd/mm/yyyy)

Change of Personal Information:

CLPNNS REGISTRATION FEES

Please choose one of the following:

- Active Practising License** – Fee: \$325.00*
Dates: November 1st – October 31st (Annually)
- Active Practising License** – Fee: \$165.00*
Dates: May 1st – October 31st (Pro-Rated Fee)
- Initial Registration Only (Non- Practising Registration)** – \$50.00 application fee + \$50.00 registration fee
If you are selecting Initial Registration as a Non-Practising Registration, please select one of the following reasons:
 - Seeking licensure in another province/territory.
 - Not seeking licensure.

*Licensing fees must accompany this application, are to be paid in Canadian funds, and are non-refundable.

Sum Enclosed

Cheque Money Order Total \$ _____

Make cheque/money order payable to: CLPNNS

If paying by Visa/MasterCard:

Cardholder Name: _____

Card Number: _____

Expiry Date: _____

Cardholder Signature: _____