



Leadership for LPNs

Request for Extension Form

Fields highlighted in **red** are required.

Personal Information Complete all spaces below. Use N/A if required.		For Office Use Only	
		Approved By/Date	Start Date
Last Name:		First Name & Middle Initial:	
Registration #:		Date of Birth:	
E-mail address			
Mailing Address			
City		Province	Postal Code
Home Phone	Cell Phone	Work Phone	
Course Name <input type="checkbox"/> Leadership for LPNs (<i>Extension</i>)	Format Online Learning Module	The 90-day extension begins when NSCC notifies you that your credentials have been made live.	
Extension Fee \$25.00 CAD		Card Number	
Payment Method <input type="checkbox"/> Cash (<i>do not mail cash</i>) <input type="checkbox"/> Credit Card		Cardholder Name	Exp. Date
Declaration <input type="checkbox"/> I have reviewed the Leadership for LPNs Frequently Asked Questions and am aware this is a one-time non-refundable extension.			
Signature*			Date
*If you plan to submit this form by e-mail without a handwritten signature, please check the box below. <input type="checkbox"/> The electronic submission of this application is considered my signature.			

Submit a signed* copy to CLPNNNS using one of the following methods:

Mail: CLPNNNS, Starlite Gallery, 302-7071 Bayers Road, Halifax, NS B3L 2C2; or
 Fax: 902-425-6811; or
 Email: practiceconsultant@clpnnns.ca