CLPNNS
COLLEGE OF LICENSED PRACTICAL NURSES OF NOVA SCOTIA

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http://clpnns.ca

FOR OFFICE USE ONLY

Amount Paid:

Date Received:

_ Visa/ MasterCard
_ Cheque
_ Money Order
_ Payroll Deduction
_ Cash
_ Debit

2018

Licensing year: November 1, 2017 to October 31, 2018
Please allow 5-7 business days for processing and submit accordingly.
October 15, 2017: deadline to avoid late fee.
October 31, 2017: deadline to avoid Inactive status and penalties.

Prior to completing your application, please visit http://clpnns.ca and read "A Guide to Completing your Application for License Renewal/ Reinstatement."
Complete all applicable sections of the renewal application.
Incomplete forms will be not be processed.

Fees

- Active Practising Registration (Nov 1 to Oct 31): $325
- Late Fee (after Oct 15): $50 ($375 total)
- Reinstatement Fee (after Dec 31): $50 ($375 total)
- Active Practising (May 1 to Oct 31): $165.00 *(Reinstatement Fee may apply*)
- Administration Fee of $20 for insufficient funds.

Payment Information

Make cheque or money order payable to: CLPNNS.
Debit and Visa Debit are available online or in-person only.

If paying by credit card (Visa or MasterCard only):

Cardholder Name

Card Number Expiry Date

Signature

Current Name and Address

Registration #

Last Name First Name Middle Name

Street Address

City/Town Province Country Postal Code

County (within Nova Scotia)

Telephone #1 Telephone #2

Email address

Retiring or Resigning from CLPNNS

_ I will retire from practice in the coming licensing year
_ I will resign from CLPNNS in the coming licensing year

Employment End Date (expected): _____

Signature:_____

Payroll Deduction

LPNs participating in a payroll deduction plan must do the following:
1. Complete the renewal application; and
2. Submit a copy of their confirmation notice to their employer.

Please follow your employer's payroll deduction process to ensure they submit your licensing fee and confirmation notice.

Note: Application will *not* be processed until fee is received.

Section 1: Present Employment Status (Check applicable boxes for **primary employer only.**)

Employed in Nursing (primary employer only)
10 ☐ Regular → 1 ☐ Full-time or 2 ☐ Part-time
11 ☐ Temporary/Casual → 1 ☐ Full-time or 2 ☐ Part-time

Employed in Other than Nursing
20 ☐ Seeking employment in nursing
21 ☐ Not seeking employment in nursing

Not Employed
30 ☐ Seeking employment in nursing
31 ☐ Not seeking employment in nursing

Currently on Leave of Absence
Please note: You must notify CLPNNS for the licensing year if you will be on a LOA to avoid paying a late/reinstatement fee.
11 ☐ On family leave
12 ☐ On education leave
13 ☐ On illness/injury leave
14 ☐ Other leave of absence

Section 2: Education (Check highest education level achieved in each area.)

Education in Nursing Post LPN
1 ☐ Diploma
2 ☐ Bachelor's Degree
3 ☐ Master's Degree
4 ☐ Doctorate
5 ☐ None of the above
Specify:_____

Education in Other Than Nursing
1 ☐ Diploma
2 ☐ Bachelor's Degree
3 ☐ Master's Degree
4 ☐ Doctorate
5 ☐ None of the above
Specify:_____

Section 3: Language(s)

Please identify any language(s) other than English in which you currently have the ability to safely provide nursing services.

1. _____
2. _____
3. _____
4. _____

Section 4: Record of Nursing Employment

Please follow the instructions for Calculation of Practice Hours in *A Guide to Completing Your Application for License/ Renewal/ Reinstatement*. Do not include vacation, sick time, or leave of absence hours. You are responsible to maintain and retain a minimum of 5 years of Practice Hours. Every year CLPNNS audits a select number of members' practice hours.

Section 5: Employment Data (Complete if applicable)

I am currently employed by **more than one** employer:

_____ Yes _____ No

Name of Employer and Building – Primary Employer (if applicable)
Nov 1 to Oct 31:

LPN Hours Practiced (Current Licensing Year)

Name of Employer and Building - Second Employer (if applicable)
Nov 1 to Oct 31:

LPN Hours Practiced (Current Licensing Year)

Name of Employer and Building – Third Employer (if applicable)
Nov 1 to Oct 31:

LPN Hours Practiced (Current Licensing Year)

Total Hours (Current Licensing Year)

Fill in for up to three employers using the codes below. *(Select only one code for each employer.)*

Section 6: Place of Work

Primary Employer	Second Employer	Third Employer

01 Hospital (general, maternity, pediatric, psychiatric)
02 Mental Health Centre
03 Nursing Station (outposts or clinics)
04 Rehabilitation/ Convalescent Centre
05 Nursing Home/ Long Term Care
06 Home Care Agency
07 Community Health/ Health Centre/ Public Health
08 Business/ Industry/ Occupational Health
09 Private Nursing Agency/ Private Duty
10 Self-Employed
11 Physician's Office/ Family Practice Unit
12 Education Institution
13 Association/ Government
14 Other (specify):
_____

Section 7: Position

Primary Employer	Second Employer	Third Employer

06 LPN Staff Nurse
08 LPN Instructor/ Educator
12 LPN Co-ordinator/ Care Manager
13 LPN Specialty
Other (specify):
_____

Section 8: Primary area of Responsibility

Primary Employer	Second Employer	Third Employer

DIRECT PATIENT CARE
01 Medical/ Surgical
02 Psychiatric/ Mental Health
03 Pediatric
04 Maternal/ Newborn
05 Geriatric/ Long Term Care
06 Critical Care
07 Community Health/ Public Health
08 Ambulatory Care
09 Home Care
10 Occupational Health
11 Operating Room/ RR
12 Emergency Care
13 Several Clinical Areas
14 Oncology
15 Rehabilitation
16 Palliative Care
Other (Specify):
_____

ADMINISTRATION
21 Nursing Service
22 Nursing Education
Other (specify):
_____

EDUCATION
31 Teaching - Students
32 Teaching - Employees
33 Teaching - Patients/ Clients
Other (specify)
_____

RESEARCH
41 Nursing Research Only
49 Other Research (specify):
_____

Section 9: Judicial or Disciplinary Decision

Please attach letter if you answer *Yes* to any of the following.

1. Have you 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 restriction placed on any professional license that you currently hold? Yes _____ No _____
5. Is there (to your knowledge) any condition concerning your competence, character, capacity, or conduct that may impact your ability to practise as a Licensed Practical Nurse? Yes _____ No _____

Section 10: Continuing Competence Program (CCP)

Participation in CCP is mandatory.
I declare I have completed the annual requirements which includes completing a self-assessment of my competence, developing a learning plan for the upcoming licensing year, and completing a reflective evaluation of my learning for the previous licensing year.

CLPNNS will follow up on all "NO" responses.

☐ Yes
☐ No

Section 11: Late Renewal Application

If your renewal application and payment have not been received prior to October 15, a late fee will apply. If not received by October 31, your license will be moved to Inactive status effective November 1. If received after December 31, a reinstatement fee will be applied.

Section 12: Signature

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

I certify the information on this form is true and complete, that I have reviewed CLPNNS Standards of Practice and Code of Ethics, have met the mandatory Continuing Competence Program requirements, and consent to verification of same. I further agree that I will immediately report to CLPNNS should anything occur while licensed as an LPN that would alter my responses to any of the questions contained in this application. I understand that CLPNNS is required to communicate relevant non-commercial regulatory information to me via email.

Date Signature