



**COLLEGE OF
LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR**
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

Application for a Practical Nurse Emergency Temporary License

Completed application and required documents should be emailed to ghayward@clpnnl.ca

You must read the Application Process for Practical Nurse Emergency Temporary License before completing this application.

APPLICANT INFORMATION (Please Print)

Last (Surname) Name: _____

First (Given) Name: _____

Middle Name: _____

Other Surnames (Including Maiden): _____

Date of Birth: _____

Gender: _____

Marital Status: Married Single Other _____

Email Address: _____

CLPNNL License number: _____

Permanent Address:

(Street Address) (City/Town) (Province/Territory)

(Country) (Postal Code)

(Telephone – Home)

(Telephone – Cell)

All previous Registration(s)/Licensure(s), if applicable:

Jurisdiction/Province	Registration/License Number	Date of Registration	Date of Expiry
1.			
2.			

Education

School of Nursing/Practical Nurse Program	Date Commenced	Date Completed

Nursing Practice Hours and Employment History

Have you practiced nursing for a minimum of 1125 hours in the past five years or 450 hours in the past two years?

Yes No

If No, provide the number of hours worked in the previous two-year period _____

Nursing employment in the past 5 years: (start with most recent employment)

Name and Address of Employer(s)

Date of Employment

1. _____

From _____ to _____

2. _____

From _____ to _____

3. _____

From _____ to _____

Application for Temporary License under the COVID-19 Response Preparedness Policy

Declarations	
I have never been convicted of any criminal offence(s) in Canada or elsewhere for which I have not received a pardon.	<input type="checkbox"/> I agree
I am not currently under investigation or awaiting any decision regarding discipline by any registration/licensing authority in any province, state, country.	<input type="checkbox"/> I agree
I have never been disciplined by a registration/licensing authority for an occupation/profession in any province, state, country.	<input type="checkbox"/> I agree
I have never been terminated from employment as a nurse.	<input type="checkbox"/> I agree
To my knowledge, there are no issues related to my competence, character, capacity or conduct that may impact my ability to practice as a Licensed Practical Nurse.	<input type="checkbox"/> I agree

If you are unable to agree to the above declarations provide detail: _____

I have reviewed the three (3) CLPNNL Scope of Practice decision making tools on the CLPNNL website as well as the best practices and education pertinent to COVID-19 available from gov.nl.ca, Health Canada, Public Health Agency of Canada and Infection Prevention and Control Canada websites.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed the CLPNNL module <i>Standards of Practice and Code of Ethics</i> , and reviewed the Licensed Practical Nurses Act and Regulations and I agree that I will adhere to the same.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that all information provided on this form is accurate and that I am the person making application for assessment of my nursing practice credentials.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to the collection and disclosure of statistical information by the CLPNNL provided such disclosure is in accordance with the terms and provisions of any applicable federal and/or provincial privacy laws.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Status

You are required to notify CLPNNL of all employers and any change in employment while holding an emergency temporary license.

Confirmation of License

When your emergency temporary license has been processed, you will receive a confirmation email which will contain important information related to your Emergency Temporary License.

Your name, temporary licensure status, and expiry date will display on FIND A NURSE on the CLPNNL website. You must confirm your licensure status before beginning nursing practice.

Signature (type your name or sign here)

Date