



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

**Credential Assessment Application for LPNs NOT Currently Registered within Canada**

All applicants must complete the **Application for Credential Assessment** plus **Forms A, B, C, D, & H**

**Form A: Verification of Original Registration/Licensure**

**Form B: Verification of Past Registration(s)** (submit a copy of Form B to every jurisdiction where you have practiced as a LPN/RN)

**Form C: Verification of Employment**

**Form D: Program of Study Verification for LPNs who do not hold a current License to Practice in Canada**

**Form H: Competency Declaration**

The following must accompany the application:

- Copy of birth certificate
- Copy of marriage certificate/divorce decree in the event of name change (if applicable)
- Color copy of government issued picture identification
- Applicants whose first language is not English should submit IELTS or CELBAN language score
- Processing fee of \$404.27 (\$351.54 + HST) (Cheque or Money Order payable to CLPNNL or pay with credit card or debit by calling (709) 579-3843 ext. 200)

**APPLICANT INFORMATION (Please Print)**

**NNAS ID Number, if applicable:** \_\_\_\_\_

First (Given) Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Other Surnames (Including Maiden): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(dd/mm/yyyy)

Gender: \_\_\_\_\_

Marital Status:  Married  Single  Other

Email Address: \_\_\_\_\_

**Permanent Address:**

(Street Address)	(City/Town)	(Province/Territory/State)
(Country)	(Postal Code/Zip Code)	
(Telephone-Home)	(Telephone – Cell)	

**First Language** \_\_\_\_\_ This is the language you learned first and understood as a child and the language you use primary for reading, writing, listening and speaking.

**Has your English Language Proficiency testing been assessed by another Canadian jurisdiction?**

Yes  No

**Did you provide English Language Proficiency testing with your NNAS application, if applicable?**

Yes  No

**If you answered NO to the previous questions and your first language is NOT English, you must submit a current IELTS or CELBAN language assessment. (please see CLPNNL English Language Proficiency Fact Sheet)**

**Language of instruction for Nursing Program: Theory \_\_\_\_\_ Clinical \_\_\_\_\_**

**All previous Registration(s)/Licensure(s):**

Jurisdiction/Province	Registration/License Number	Date of Registration	Date of Expiry
1.			
2.			
3.			

**Education**

School of Nursing/Practical Nurse Program	Date Commenced	Date Completed

Post Basic Practical Nurse Education (if applicable)	Date Completed
1.	
2.	
3.	

**Practical Nurse Experience 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please complete **Section A** (Consent) of **Form C** (Verification of Employment) and forward to each of the employers listed above

**Judicial or Disciplinary Declaration**

Have you ever been convicted of any criminal offence(s) in Canada or elsewhere for which you have not received a pardon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under investigation or awaiting any decision regarding discipline by any registration/licensing authority in any province, state, country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been disciplined by a registration/licensing authority for an occupation/profession in any province, state, country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Declaration**

I have read and understood the Licensed Practical Nurses Act; Regulations; By-laws; Standards of Practice and Code of Ethics 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 CLPNNL having access to documents required to complete this assessment.	<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 Personal Information Protection and Electronic Documents Act ( <a href="#">PIPEDA</a> ), and any applicable provincial/federal laws, professional regulatory standards, and the Licensed Practical Nurses' Act and Regulations.	<input type="checkbox"/> Yes <input type="checkbox"/> No

X

Date

X

Signature

Once deemed eligible for licensure in Newfoundland and Labrador, the applicant must:

- Provide an **Original** Police Record Check, including Vulnerable Sector Screen, not older than three (3) months before the date your license is to be processed.
- Pay the Initial licensure fee of \$376.66 +HST. (\$227.00 + HST after December 1).

When all fees and required documents have been received and deemed satisfactory, the licensure will be processed and the LPNs name will be found on the FIND A NURSE section on the CLPNNL website.