



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

Credential Assessment Application for LPNs Registered within Canada

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

Form A: Verification of Original Registration/Licensure

Form B: Verification of current Registration/Licensure

Form C: Verification of Employment

Form H: Competency Declaration

The following must accompany the application:

- Copy of final transcript of PN program
- Copy of your certificate/diploma for the completion of Practical Nursing/Re-entry Program/Bachelor of Nursing
- 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 and whose English proficiency was not assessed by another Canadian jurisdiction should submit [IELTS](#) or [CELBAN](#) language score
- Processing fee of \$231.04 (\$200.90 + 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)

Last (Surname) Name: _____

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

If you answered NO to the previous question 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 _____

Current Registration(s)/Licensure(s) in other Jurisdictions:

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 (PIPEDA), 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 license will be processed and the LPN's name will be found on the FIND A NURSE section on the CLPNNL website.