



**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 following **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: Other Education**

The following must accompany the application:

- Official transcript submitted directly to CLPNNL from school where PN program of study completed
- 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 should submit IELTS or CELBAN language score
- Processing fee of \$231.04 (Cheque or Money Order payable to CLPNNL or pay with credit card by calling 709-579-3843 ext. 200 or by visiting the CLPNNL Office at 209 Blackmarsh Rd, St. John's)

**APPLICANT INFORMATION (Please Print)**

**NNAS Identification Number:**

\_\_\_\_\_

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.

**Did you provide English Language Proficiency testing as part of your NNAS application?**

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 CLPNL 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 from NNAS.   | <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

\_\_\_\_\_  
Signature

X

\_\_\_\_\_  
Date