

FORM D: PROGRAM OF STUDY VERIFICATION

Section A – TO BE COMPLETED BY THE APPLICANT

Applicant should complete section A and then forward to the director of your practical nurse program to complete Section B.

I _____
Surname First Middle Maiden

Attended _____
School of Nursing/Practical Nursing

From _____ to _____
(MM/YYYY) (MM/YYYY)

I hereby consent to have the College of Licensed Practical Nurses of Newfoundland and Labrador receive the information requested as required for the evaluation of my application for Credential Assessment.

Signature of Applicant _____ Date _____, 20____

Section B – TO BE COMPLETED BY THE REGISTRAR OR DIRECTOR OF NURSING PROGRAM

This certifies that _____ was admitted to
Name of Graduate

School Name City Province/State/Country

on _____, and the records show successful completion of the program on _____.
(DD/MM/YYYY) (DD/MM/YYYY)

Signature Title (DD/MM/YYYY)

Seal **(Not valid without campus seal and signature)**

PLEASE FORWARD THIS FORM AND THE FOLLOWING DOCUMENTS (in English) DIRECTLY FROM THE SCHOOL TO CLPNNL AT THE ADDRESS ABOVE.

- Official transcript of marks for all courses completed.
- Detailed course outline for each course completed.
- Outline of the number of hours completed in each theory, clinical and lab course.