



**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 following **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) (please submit a form for every jurisdiction where 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

Form H: Other Education

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 (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:

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 _____

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 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 (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

Signature

X

Date