



**SPEP APPLICATION FOR A TEMPORARY LPN LICENSE 23/24**

**Documentation Required to Apply for Temporary Licensure as a Practical Nurse**

- Completed licensure application form Temporary License Application 2023-2024 with appropriate fee
- Original Certificate of Conduct with Vulnerable Sector Check dated within three months from the date of application for licensure
- Color copy of picture I.D. (Driver's License or Passport)
- Copy of Birth Certificate (color copy)
- Copy of Marriage Certificate, if applicable

**APPLICANT INFORMATION (Please Print)**

SPEP Candidate

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Maiden Name

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other  
dd/mm/yyyy

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

\_\_\_\_\_  
Street & No.                      P.O. Box                      City/Town

\_\_\_\_\_  
Province                      Postal Code

\_\_\_\_\_  
Telephone – Home                      Telephone – Cell

**EDUCATIONAL INSTITUTION**

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Name of Program \_\_\_\_\_

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Name and Location of Educational Institution \_\_\_\_\_

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Program Start Date (dd/mm/yyyy) \_\_\_\_\_ Program End Date (dd/mm/yyyy) \_\_\_\_\_

Education other than Nursing (Please specify).

College Certificate \_\_\_\_\_ Year \_\_\_\_\_

College Diploma \_\_\_\_\_ Year \_\_\_\_\_

Bachelor Degree \_\_\_\_\_ Year \_\_\_\_\_

Masters Degree \_\_\_\_\_ Year \_\_\_\_\_

**EMPLOYMENT as a LPN, if confirmed:**

Site: \_\_\_\_\_

Unit: \_\_\_\_\_

Circle if applicable:    Float Pool

Employment Type:    \_\_\_\_\_ Temporary Position    \_\_\_\_\_ Permanent Position

Status:    \_\_\_\_\_ Part Time    \_\_\_\_\_ Full Time    \_\_\_\_\_ Casual

**JUDICIAL and DISCIPLINARY DECLARATION:**

Have you ever been convicted of any criminal offence(s) for which you have not received a pardon?

\_\_\_\_\_ Yes    \_\_\_\_\_ 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?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**If you answered yes to either of the above questions, please contact the CLPNNL for further information and instructions.**

I have read and understood the Licensed Practical Nurses Act, regulations, By-laws, Code of Ethics, Standards of practice, Position Statements and Scope of Practice and I attest that I will adhere to same.

I hereby attest that all information provided on this form is accurate and that I am the person making application for licensure as a practical nurse. I am aware that I am not considered to hold current licensure as a practical nurse until an official license has been issued by the CLPNNL. I hereby consent to the management of my personal information held by CLPNNL provided such management 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.

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Signature

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Date