



**2020/21 APPLICATION FOR A PN TEMPORARY LICENSE**

**APPLICANT INFORMATION (Please Print)**

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Last Name	First Name	Middle Name	Maiden Name
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Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
dd/mm/yyyy

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

\_\_\_\_\_

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

Province	Postal Code
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\_\_\_\_\_ Telephone – Home  
\_\_\_\_\_ Telephone – Cell

**EDUCATIONAL INSTITUTION**

\_\_\_\_\_

Name of Program

\_\_\_\_\_

Name and Location of Educational Institution

\_\_\_\_\_

Program Start Date (dd/mm/yyyy)	Program End Date (dd/mm/yyyy)
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Education other than Nursing (Please check all applicable and specify year of completion).

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date