COLLEGE OF LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR

209 Blackmarsh Road
St. John's, NL A1E 1T1 Canada

Phone - (709) 579-3843 / (888) 579-2576
Fax - (709) 579-8268
info@clpnnl.ca
http://www.clpnnl.ca

2017/2018 APPLICATION FOR LICENSURE OR RENEWAL OF LICENSE

Surname | Given Names

Apt./Box no. | Street Number and Name

City/Town/Village | Province | Postal Code

Maiden Name | Country

Email Address

Home Phone Number | Cellular Number | Work Phone Number

IF THE ABOVE INFORMATION IS INCORRECT, MAKE CHANGES AT THE RIGHT. NAME CHANGES REQUIRES LEGAL DOCUMENTATION.

1. License Number:

2. Other Provincial License: License Number/Province

3. Marital Status: Single ☐ Married ☐ Other ☐

4. Sex: Male ☐ Female ☐

5. Date of Birth:

EDUCATION

6. Practical Nursing School Attended (Name/Location):

7. Graduation Date: Month ☐ Month ☐ Year

8. Did you complete a Re-entry Program? Yes No ☐

IF YOU ANSWER NO TO QUESTION 6, PLEASE CONTINUE WITH QUESTION 11. IF YES, COMPLETE THE FOLLOWING

9. Re-entry Program School Attended (Name/Location):

10. Completion Date:

11. University Education other than Nursing (Please check all applicable and specify year of completion)
☐ Any Bachelor Degree other than Nursing ☐ Yr ☐ Any Masters Degree other than Nursing ☐ Yr

12. PRACTICAL NURSING EDUCATION AND YEAR COMPLETED:

1.	☐ Medications		11.	☐ Urology	
2.	☐ Health Assessment		12.	☐ Leadership	
3.	☐ IV Therapy		13.	☐ Footcare	
4.	☐ IM Injections		14.	☐ Hyperdermoclysis	
5.	☐ ID Injections		15.	☐ Initiate Blood	
6.	☐ SC Injections		16.	☐ Initiate I.V. Therapy	
7.	☐ Immunizations		17.	☐ I.V. Medications	
8.	☐ OR Tech		18.	☐ Advanced Footcare	
9.	☐ Mental Health		19.	☐ C.V.C.	
10.	☐ Gerontology		20.	☐ Other	

13. EMPLOYMENT

(A)

CHECK ONE ONLY	X
EMPLOYED IN NURSING	
Permanent Full-Time	
Permanent Part-Time	
Casual / Temporary Full-Time	
Casual / Temporary Part-Time	
EMPLOYED IN OTHER THAN NURSING	
Seeking Employment in Nursing	
Not Seeking Employment in Nursing	
NOT EMPLOYED	
Seeking Employment in Nursing	
Not Seeking Employment in Nursing	

(B)

CHECK ONE ONLY			
Why are you employed as indicated?			
It is what I wish		Permanent Part-Time position not available	
Permanent Full-Time position not available		Casual / temporary position not available	

(C)

Employer(s)		
Site 1 (With whom most hours worked)	**Address**	**Date Started**
Site 2	**Address**	**Date Started**

NURSING WORK HISTORY MUST BE COMLETED (excluding Question 14(A) if you are employed in nursing Permanent Full-Time)

14. (A) Number of hours worked for each year:

Apr. 1 2016 - Mar. 31, 2017
Apr. 1 2015 - Mar. 31, 2016
Apr. 1 2014 - Mar. 31, 2015
Apr. 1 2013 - Mar. 31, 2014
Apr. 1 2012 - Mar. 31, 2013

(B) Specify your average Bi-Weekly hours for the past licensure year:

(C) If you approved under the Assessment of Work Responsibility Document, specify which year of approval:

(D) Total number of years practised as an LPN:

☐ 1 year or less ☐ 10 - 15 years
☐ 1 - 5 years ☐ 15 - 20 years
☐ 5 - 10 years ☐ 20 years or more

15. PRESENT NURSING EMPLOYMENT FOR SITE 1 ONLY: CHECK ONE IN EACH OF A, B, AND C

A. PLACE OF WORK (PICK ONE FROM 1-16)

☐ 1. Association
☐ 2. Business/Industry/Occupational Health Office
☐ 3. Community Health/Health Centre
☐ 4. Educational Institution
☐ 5. Home Care Agency
☐ 6. Hospital
☐ 7. Mental Health Centre
☐ 8. Nursing Home/Long Term Care
☐ 9. Nursing Stations (outpost of clinics)
☐ 10. Physicians Office/Family Practice Unit
☐ 11. Private Nursing Agency/Private Unit
☐ 12. Public Health Department or Agency
☐ 13. Regulatory Body
☐ 14. Rehabilitation/Convalescent Centre
☐ 15. Self-employed
☐ 16. Other:

B. POSITION (PICK ONE FROM 1-7)

☐ 1. Licensed Practical Nurse
☐ 2. Operating Room Technician
☐ 3. Orthopedic Technician
☐ 4. Primary Care Paramedic
☐ 5. Physiotherapy Support Worker
☐ 6. Urology Technician
☐ 7. Other:

C. PRIMARY AREA OF RESPONSIBILITY (PICK ONE FROM 1-26)

Direct Care
☐ 1. Ambulatory Care
☐ 2. Community Health
☐ 3. Emergency Care
☐ 4. Geriatric/Long Term Care
☐ 5. Home Care
☐ 6. Maternal/Newborn
☐ 7. Medical/Surgical
☐ 8. Occupational Health
☐ 9. Occupational Therapy
☐ 10. Operating Room / Recovery Room
☐ 11. Paediatric
☐ 12. Palliative Care
☐ 13. Psychiatric/Mental Health
☐ 14. Physiotherapy
☐ 15. Public Health
☐ 16. Rehabilitation
☐ 17. Teleheatlth
☐ 18. Urology
☐ 19. Other:

Education
☐ 20. Teaching Clients/Patients
☐ 21. Teaching Employees
☐ 22. Teaching - Students
☐ 23. Urology

Administration
☐ 24. Nursing Education Administration
☐ 25. Nursing Service Administration
☐ 26. Other:

Judicial or disciplinary decision (Please attach an explanation if you answer YES to any of the following questions)

16. Have you ever been convicated of any criminal offence(s) for which you have not received a pardon and have not reported to CLPNNL on previous applications for licensure? Yes ☐ No ☐

17. Are you currently under investigation or awaiting any decision regarding discipline by any registration/licensing authority? Yes ☐ No ☐

18. Have you ever been disciplined by a registration/licensing authority for an occupation/profession in any province, state or country that has not already been reported to CLPNNL on previous applications for licensure? Yes ☐ No ☐

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 certificate has been issued by the CLPNNL. I hereby consent to the disclosure of my personal identifying information held by the CLPNNL provided such disclosure is in accordance with the terms and provisions of the Access to Information and Protection of Privacy Act, R.S.N. CA-1.1(2002), and otherwise as required by law.

Signature | **Date**

OFFICE USE ONLY

Date:

Amount: $

College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL)

209 Blackmarsh Road
St. John's, NL
A1E 1T1

2017-2018 Licensure Renewal Application
(Please make any necessary changes directly on the application form)

With the implementation of the administrative deadline for annual licensure renewal your completed renewal application and fee ($330.75 HST included) for the 2017/18 licensure year must be received in the CLPNNL's office or submitted and paid online by 1630 hours on February 28, 2017, to avoid the administrative deadline penalty fee of $57.50 (HST included). Online registration instructions are included in this mail-out in a separate document.

Your current license expires on March 31, 2017. If you fail to renew your license prior to April 1st, 2017, you will be required to pay the annual renewal fee of $330.75 (HST included) as well as the administrative deadline penalty fee of $57.50 (HST included) and the reinstatement fee of $76.33 (HST included).

The enclosed application contains all information currently on file for you as a LPN. Complete and accurate answers to questions on the renewal application are very important to the CLPNNL meeting its obligation as a self-regulating profession. It also ensures the maintenance of accurate statistical data related to the profession. Yearly statistics are provided to the provincial government and the Canadian Institute for Health Information (CIHI). The CIHI data will be combined with information provided by other LPN jurisdictions and will result in the establishment of a national database related to Licensed Practical Nursing in Canada. All applicable areas on the form MUST be completed and changes made as necessary.

➢ Renewal fee is $330.75 (HST included) for the 2017-2018 licensure year. Fee and completed application must be received in the CLPNNL's office or submitted and paid online by February 28th, 2017, at 1630 hours, to avoid being charged the administrative deadline penalty fee of $57.50 (HST included).

➢ If you fail to renew your license prior to April 1st, 2017, you will be required to pay the annual renewal fee of $330.75 (HST included) plus the administrative deadline penalty fee of $57.50 (HST included) and the reinstatement fee of $76.33 (HST included) for a total of $464.58 (HST included).

➢ Postdated cheques will not be accepted and will be returned to the applicant. There will be a $25.44 charge applied to all NSF/Returned cheques.

➢ The LPN hours requirement must be met by March 31, 2017: Either 1125 hours in the five (5) years ending March 31, 2017, or 450 hours in the two (2) years ending March 31, 2017.

➢ Changes to name must be accompanied by a photocopy of legal name change document before licensure will be processed, e.g. marriage certificate or divorce decree.

➢ Applicants whose license has lapsed for four (4) weeks or more must provide a Certificate of Conduct (including a Vulnerable Sector Check) issued within four (4) weeks of application for initial or renewal application.

If your licensing fee is being deducted by payroll deduction at your workplace, please contact your Human Resources Department immediately on receipt of this form to determine the procedure for collection of the completed renewal applications. It is your responsibility to provide proof of your current license to your employer by the date designated by your facility.

All Practical Nurses who actively practice nursing without a valid license shall be subject to a penalty fee of fifty dollars ($50.89) per day (shift) worked, to a maximum of one thousand dollars ($1,000.00). Default of payment of licensing fees may also be subject to discipline in accordance with the Licensed Practical Nurses Act, 2005 sections 33-34.

The Licensed Practical Nurses Regulations, section 3. (1)(g) requires that a person granted licensure as a Practical Nurse in this province is of good character satisfactory to the CLPNNL. To protect the public the CLPNNL has included three (3) questions on your renewal application pertaining to good character. You are required to complete this section and provide a brief written explanation if you answer yes to any of the questions. This information will be assessed by the CLPNNL to facilitate your request for licensure. If these three questions are incomplete your licensure application will be returned to you which may result in a delay and/or late penalty fees.

Should you require the HST Rebate Form from Revenue Canada, it is available at the following link: http://www.cra-arc.gc.ca/E/pbg/gf/gst370/

Please note that you are not considered to be licensed as a practical nurse until an official license certificate has been issued by the CLPNNL indicating the effective and expiry date. You are provided professional liability insurance coverage when you hold current licensure with the CLPNNL in accordance with the terms and conditions of the policy as purchased by the CLPNNL from Lloyd Sadd Insurance. For additional information about this insurance coverage please contact the CLPNNL. If you are involved in an incident/matter that may result in a claim against your liability insurance coverage with Lloyd Sadd Insurance please contact the Executive Director/Registrar, CLPNNL immediately.