

2. EDUCATION

School of Nursing/ Practical Nurse Program _____

Name and Location of School

Date Commenced

Date Completed

Post Basic Practical Nurse Education _____

Name and Location of School

Type of Course Completed _____

Date Commenced

Date Completed

3. PRACTICAL NURSE EXPERIENCE SINCE GRADUATION (start with most recent employer)

(Please complete Section C of the enclosed "Verification of Employment" (Form C) and forward to each of the employers you list below.)

WORK REFERENCES

Name and Address of Employer(s)

From

Date

To

A) _____

B) _____

C) _____

4. REGISTRATION

(Please complete Section A of the "Verification of Registration/Licensure" Forms A and B and forward to the registering authority in the state or country where you were originally registered and, if applicable, where you are currently registered.)

1. _____

State/Country **Originally** Registered/Licensed

Date of Registration

Date of Expiry

Registration/Licensure Number

2. _____

State/Country **Currently** Registered/Licensed

Date of Registration/Licensure

Date of Expiry

Registration/Licensure Number

I hereby declare that the statements in the foregoing application are true.

_____ dated this _____ day of _____ 20 _____
Signature of applicant

NOTE: If Newfoundland and Labrador Registration/Licensure requirements have not been met within one year of the date of notification, the credential assessment will be invalid.