

**COLLEGE OF LICENSED PRACTICAL NURSES OF NEWFOUNDLAND AND LABRADOR**

209 Blackmarsh Road, St. John's, Newfoundland & Labrador, Canada A1E 1T1  
Telephone: 709-579-3843

**APPLICATION FOR CREDENTIAL ASSESSMENT**

All applicants must complete the **Application for Credential Assessment** plus forms A, B, C, D, E and F.

- Form A: Verification of **Original Registration/Licensure**  
B: Verification of Registration/Licensure for Jurisdiction of **Most Recent Employment**  
C: Verification of Employment  
D: Verification of Program of Study  
E: Health Assessment  
F: Medication Administration

The following must accompany the application:

- Copy of birth certificate
- Copy of marriage certificate/divorce decree in the event of name change (if applicable)
- Copy of Diploma from Nurse/Practical Nurse School
- Copy of current registration/licensure card
- Applicants whose first language is not English please submit IELTS or CELBAN language score
- Processing fee of \$203.54 (Cheque or Money Order Canadian Funds)

**1. PERSONAL DATA**

Mr./Miss/Ms/Mrs.

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Surname	First	Middle	Maiden
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Street/P.O. Box/Apt. #

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City, Prov. / State, Country, Postal Code

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Phone

Date of Birth \_\_\_\_\_  
Day                      Month                      Year

**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***

<b>Name and Address of Employer(s)</b>	<b>Date</b>	
	<b>From</b>	<b>To</b>
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.**