

**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**

(for applicants not licensed in other Canadian provinces)

All applicants must complete the **Application for Credential Assessment** plus forms A, B, C, D & H

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

H: Other Education

**Please note that following the assessment of the application and forms A, B, C, D & H, additional information may be requested.**

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 government issued picture identification (color copy preferred)
- Copy of Diploma from Nurse/Practical Nurse School
- Applicants whose first language is not English should submit IELTS or CELBAN language score
- Processing fee of \$356.19 (Pay by Cheque or Money Order Canadian Funds; Pay with Visa by calling 709-579-3843 or 1-888-579-2576)

**1. PERSONAL DATA**

Mr./Miss/Ms/Mrs.

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Maiden

\_\_\_\_\_  
Street/P.O. Box/Apt. #

\_\_\_\_\_  
City/Town, Prov. / State, Country, Postal Code

\_\_\_\_\_  
Phone

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

Applicant's Name: \_\_\_\_\_

**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 A 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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**4. REGISTRATION**

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

1. \_\_\_\_\_

Province/State/Country **Originally** Registered/Licensed

\_\_\_\_\_  
Date of Registration

\_\_\_\_\_  
Date of Expiry

\_\_\_\_\_  
Registration/Licensure Number

2. \_\_\_\_\_

Province/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.**

Applicant's Name: \_\_\_\_\_