



**COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR**  
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

**Credential Assessment Application for LPNs Registered within Canada**

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

**Form A: Verification of Original Registration/Licensure**

**Form B: Verification of current Registration/Licensure**

**Form C: Verification of Employment**

**Form H: Other Education**

The following must accompany the application:

- Official transcript submitted directly to CLPNNL from school where PN program of study completed
- Copy of your certificate/diploma for the completion of Practical Nursing/Re-entry Program/Bachelor of Nursing
- Copy of birth certificate
- Copy of marriage certificate/divorce decree in the event of name change (if applicable)
- Color copy of government issued picture identification
- Applicants whose first language is not English should submit IELTS or CELBAN language score
- Processing fee of \$231.04 (Cheque or Money Order payable to CLPNNL or pay with credit card by calling 709-579-3843 ext. 200 or by visiting the CLPNNL Office at 209 Blackmarsh Rd, St. John's)

**APPLICANT INFORMATION (Please Print)**

**NNAS Identification Number:**

\_\_\_\_\_

Last (Surname) Name:

\_\_\_\_\_

First (Given) Name:

\_\_\_\_\_

Middle Name:

\_\_\_\_\_

Other Surnames (Including Maiden):

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

(dd/mm/yyyy)

Gender:

Marital Status:

Married  Single  Other

\_\_\_\_\_

Draft Credential Assessment for IENs (January 2020)

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

**Permanent Address:**

\_\_\_\_\_  
(Street Address) (City/Town) (Province/Territory/State)

\_\_\_\_\_  
(Country) (Postal Code/Zip Code)

\_\_\_\_\_  
(Telephone-Home) (Telephone – Cell)

**First Language** \_\_\_\_\_ This is the language you learned first and understood as a child and the language you use primary for reading, writing, listening and speaking.

**Did you provide English Language Proficiency testing as part of your NNAS application?**

Yes  No

**If you answered NO to the previous question and your first language is NOT English, you must submit a current IELTS or CELBAN language assessment. (please see CLPNL English Language Proficiency Fact Sheet)**

**Language of instruction for Nursing Program: Theory \_\_\_\_\_ Clinical \_\_\_\_\_**

**Current Registration(s)/Licensure(s) in other Jurisdictions:**

Jurisdiction/Province	Registration/License Number	Date of Registration	Date of Expiry
1.			
2.			
3.			

**Education**

School of Nursing/Practical Nurse Program	Date Commenced	Date Completed

Post Basic Practical Nurse Education (if applicable)	Date Completed
1.	
2.	
3.	

**Practical Nurse Experience in the past 5 years: (start with most recent employment)**

**Name and Address of Employer(s)**

**Date of Employment**

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

From \_\_\_\_\_ to \_\_\_\_\_

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

From \_\_\_\_\_ to \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

\*Please complete **Section A** (Consent) of **Form C** (Verification of Employment) and forward to each of the employers listed above.

**Judicial or Disciplinary Declaration**

Have you ever been convicted of any criminal offence(s) in Canada or elsewhere for which you have not received a pardon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under investigation or awaiting any decision regarding discipline by any registration/licensing authority in any province, state, country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been disciplined by a registration/licensing authority for an occupation/profession in any province, state, country?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Declaration**

I have read and understood the Licensed Practical Nurses Act; Regulations; By-laws; Standards of Practice and Code of Ethics and I agree that I will adhere to the same.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that all information provided on this form is accurate and that I am the person making application for assessment of my nursing practice credentials.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to the CLPNNL having access to documents required to complete this assessment from NNAS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to the collection and disclosure of statistical information by the CLPNNL provided such disclosure is in accordance with the terms and provisions of the Access to information and Protection of Privacy Act (2015), and otherwise required by law.	<input type="checkbox"/> Yes <input type="checkbox"/> No

X

\_\_\_\_\_  
Signature

X

\_\_\_\_\_  
Date