



This application is for individuals who completed their entry-level nursing education outside of Canada. Please contact [registration@clpnnl.ca](mailto:registration@clpnnl.ca)

### **Personal Information**

Applicants are required to submit two (2) of the following government issued identification documents:

- Birth certificate
- Passport
- Driver's license
- Permanent Resident Card
- Citizenship Card
- Immigration Card

If applicable, applicants must submit a legal change of name document or marriage certificate if they have changed their name.

Identification documents must be emailed to [registration@clpnnl.ca](mailto:registration@clpnnl.ca). Documents should be a clear digital color image and not a photocopy.

**1. Provide your name as it appears on your government issued identification:**

Last (Surname) Name:

First (Given) Name(s):

Middle Name:

Former Name(s):

**2. Date of Birth:** MM/DD/YYYY

**3. Provide your permanent address:**

Permanent Address:

City:

Province/State:

Postal Code:

Country:

4. E-mail Address:

5. Telephone Number:

US / Canada: (###) ###-####

6. Gender:

7. Is your current address different from your permanent address? If yes, provide your current address:

Current Address:

City:

Province/State:

Postal Code:

Country:

**Language Proficiency**

8. Applicants must meet English Language Proficiency (ELP) through education, registration status, language proficiency testing, or experience. Applicants must review the College's [ELP fact sheet](#) to determine if they need to submit a test of ELP or if they meet one of the other methods.

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

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

Has your English Language Proficiency testing been assessed by another Canadian jurisdiction?

Yes  No

Did you provide English Language Proficiency testing with your NNAS application, if applicable?

Yes  No

**Entry/Initial Nursing Education**

Identify the initial nursing education program you completed to obtain your initial/first LPN Registration or RN registration (may be applicable to applicants who completed their initial nursing education outside Canada).

**9. Nursing Education:**

**a. University, College or School of Nursing:**

Full mailing Address:

Type of Program: (Diploma, Degree, Masters)

Graduation Date: MM/DD/YYYY

**b. University, College or School of Nursing:**

Full mailing address:

Type of Program: (Diploma, Degree, Masters)

Graduation Date: MM/DD/YYYY

c. Did your nursing education program contain theory (classroom) & clinical (practical) training in the following areas:

|                                   |     |    |
|-----------------------------------|-----|----|
| Adult Medicine & Surgery          | Yes | No |
| Psychiatric & Mental Health       | Yes | No |
| Maternity & Childbearing families | Yes | No |
| Pediatrics (care of children)     | Yes | No |
| Community Health                  | Yes | No |
| Old Adult                         | Yes | No |

The College will notify you if we require documentation confirming the above from your program/school of nursing. Applicants whose program did not contain content from one or more of the above noted areas may be eligible for a restricted license until they complete the required bridging education for the missing content area(s).

**10. Education Credential Assessment Report**

Have you applied to NNAS? Yes No

If yes, provide your NNAS identification number: \_\_\_\_\_

The College must receive your NNAS report in order to assess your eligibility for registration/licensure.

If you have an Educational Credential Assessment (ECA) report that was not issued by NNAS, contact the CLPNNL at [registration@clpnnl.ca](mailto:registration@clpnnl.ca).

**Registration/Licensure**

11. List the jurisdiction(s) (province/state/country) where you are currently registered or licensed to practice as a **Licensed Practical Nurse or Registered Nurse** (applicable to applicants who were registered as a registered Nurse outside Canada).

| Jurisdiction name | Registration # | License status (practicing, active, etc) |
|-------------------|----------------|------------------------------------------|
|                   |                |                                          |
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**Employment**

12. Provide the following information for your current nursing employer(s). If not currently employed in nursing, provide employment information for your most recent nursing employer. Employment as a Personal Care Attendant (PCA) or similar position should also be included.

| Employer Name | Employer Address | Position held | Start date | End date | Were you suspended or terminated? Yes or No |
|---------------|------------------|---------------|------------|----------|---------------------------------------------|
|               |                  |               |            |          |                                             |
|               |                  |               |            |          |                                             |
|               |                  |               |            |          |                                             |
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|               |                  |               |            |          |                                             |
|               |                  |               |            |          |                                             |

Note: If you indicated above that you have been suspended or terminated from any nursing employment you must provide a brief explanation.

**Declaration of nursing practice hours:**

Record your nursing practice hours in the fields below. When calculating your hours ensure:

- You were licensed as an LPN/RPN or RN at the time the hours were completed.
- Do not include vacation, sick time, or other leave of absence hours.
- Overtime hours must be reported as actual work hours and not paid hours.
- If you have multiple employers within the year hours should be added together.

- Enter '0' hours if you have not practiced in a particular year.

| CLPNNL License year is April 1 to March 31    | Annual Practice hours |
|-----------------------------------------------|-----------------------|
| April 1, 2023 – March 31, 2024 (current year) |                       |
| April 1, 2022 – March 31, 2023                |                       |
| April 1, 2021 – March 31, 2022                |                       |
| April 1, 2020 – March 31, 2021                |                       |
| April 1, 2019 – March 31, 2020                |                       |
| April 1, 2018 – March 31, 2019                |                       |

CLPNNL will require practice hours from your employer in the next licensure year.

### 13. Criminal Record Check

Applicants must submit a Criminal Record Check (CRC) and Vulnerable Sector Check (VSC) dated within the last six (6) months. The original document will need to be submitted to the College directly from the provider via regular mail or email. Alternatively, the applicant may drop the original document off to 209 Blackmarsh Road, St. John's. The CRC and VSC must be submitted to the College within 8 weeks after you are issued a Temporary Licensure.

### 14. Judicial & Disciplinary Declarations

The information provided on this application and the answers to the following questions are required in accordance with the Licensed Practical Nurse Regulations. If your response to any of the following questions is 'Yes', you must provide additional information in the comments section and the College will notify you if documentation must be submitted.

a. Have you been convicted of an offence under the Criminal Code (Canada), the Controlled Drugs and Substance Act (Canada), Human Rights Act (NL), Personal Health Information Act (PHIA) or a similar penal statute in another jurisdiction (province/territory/country) for which you have not received a pardon?

Yes      No

b. Are there any outstanding charges against you relating to a criminal offense?

Yes      No

c. Have you ever been charged with, pleaded guilty to, been convicted of or found to be guilty of an offence, for which you have not received a pardon, including alcohol or drug related offenses but excluding parking, speeding or similar minor motor vehicle offenses that do not involve substance use?

Yes      No

d. Have you ever pleaded no contest or made any similar plea to any criminal charge?

Yes      No

e. Have you ever been charged with or accused of a criminal offence that resulted in you entering into a diversion program, conditional discharge or other resolution process as an alternative to conviction or prosecution?

Yes      No

f. Has there ever been any civil proceeding, legal action, insurance or other claim that was in any way related to your practice of nursing?

Yes      No

g. Have you ever agreed to a settlement as a means to resolve civil proceedings or in relation to any investigation, proceeding or disciplinary action with respect to your professional conduct, competence, character, capacity or fitness to practice?

Yes      No

h. Have you been denied registration in another jurisdiction (province/territory/country) within the last five (5) years?

Yes      No

i. Are there currently any conditions or restrictions on your registration or licence?

Yes      No

j. Is your registration/license to practice nursing under review/investigation, suspended or revoked; or are there any disciplinary procedures commenced, in process or pending, in another jurisdiction (province, territory or country)?

Yes      No

k. Have you ever been disciplined by a nursing registration/licensing authority?

Yes      No

l. Have you ever, before or during the course of an investigation or disciplinary proceeding, voluntarily entered into an undertaking or otherwise agreed to restrict your practice or to refrain from practice?

Yes      No

m. Have you ever been suspended or terminated from any nursing employment?

Yes      No

Comment section:

If you have indicated yes to any of the declarations above (14a to 14m) you must provide addition information.

**15. Declarations of Fitness to Practice Nursing**

a. Is there to your knowledge or belief, any event, circumstance or condition concerning your competence, character, capacity, conduct or reputation that may impact ability to practice safely?

Yes      No

b. Do you have any physical or mental conditions or disorders that may or does currently impair your ability to practice nursing safely and competently?

Yes      No

Comment section:

If you have indicated yes to the Fitness to Practice Declarations (15a or 15b) you must provide addition information.

**16. General Declarations**

Applicants must enter their name and check each box below:

I, \_\_\_\_\_, declare that I have read and agree with each of the following declaration statements.

I consent for the CLPNNL to obtain confirmation or verification of the documentation and information submitted as part of this application.

I declare that the information provided in this application is true, correct and complete.

- I attest that I am the person completing this application.
  
- I understand that the college will immediately stop the assessment of my application while they gather more information if:
  - a. I have provided any inaccurate information; or
  - b. I have omitted required information; or
  - c. The college determines that any documents submitted during the application process have been altered tampered with or forged.
  
- I understand that any and all information provided by me to the College in the course of the application process may be used internally by the college for any of its regulatory functions.
  
- I confirm that I have disclosed in this application all events, circumstances, or conditions concerning my capacity, competence, character, conduct or reputation that may impact my ability to safely and ethically practice nursing.

I consent to the collection and disclosure of statistical information by the CLPNNL provided such disclosure is in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA), and any applicable provincial/federal laws, professional regulatory standards, and the Licensed Practical Nurses' Act and Regulations.

Provide the application processing fee of \$200.90 + HST.  
(Pay with credit card or debit by calling (709) 579-3843 ext. 100 or ext. 101 or via Cheque or Money Order payable to CLPNNL)

After the application form and application fee are submitted, you will be contacted with a decision within 3 business days.

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#### **TEMPORARY LICENSE**

Once you are deemed eligible for licensure in Newfoundland and Labrador, the licensure fee of \$376.66 +HST. (\$227.00 + HST after December 1) must be paid. After licensure payment is received by CLPNNL, a **temporary licensure** will be issued for a period of 4 months. The CRC and VSC and all required verifications must be received at the CLPNNL within 8 weeks.

#### **REGISTRATION EXAM**

Once you have been approved for licensure, you are expected to write the Canadian Practical Nurse Registration Exam (CPNRE) in the first or second available writing.



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**INITIAL LICENSE**

Once the CRC and VSC and all required verifications have been received, and CLPNNL receives confirmation that you have successfully passed the CPNRE, the temporary license will convert to an **initial licensure** (at no charge).

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**Failure to submit the required documents will result in your temporary license ceasing after 8 weeks without conversion to an initial license and you will no longer be eligible to practice in NL.**

Once given a license to practice in NL (either temporary licensure or initial licensure) the LPN's name will be found on the FIND A NURSE section on the CLPNNL website.

If you have any additional employment, jurisdictions, or other information you would like to supply, please provide it below: