



FORM A VERIFICATION OF ORIGINAL LICENSURE/REGISTRATION

Section A: *This section is to be completed by the applicant, who will then forward to the Nursing licensing/registering authority that granted **original** licensure/registration for completion of Section B.*

PERSONAL (Please Print)		
_____ Surname	_____ First Name	_____ Middle Name(s)
_____ Maiden Name	_____ Date of Birth (dd/mm/yy)	
_____ Street Address of P.O. Box		_____ City, Town
_____ Province/State	_____ Country	_____ Postal/Zip Code

EDUCATION (Please Print)	
_____ School of Nursing/Practical Nursing	_____ Graduation Date (dd/mm/yy)
_____ School Address	

LICENSURE/REGISTRATION (Please Print)	
_____ Licensure/Registration Board	_____ Licensure/Registration Number

CONSENT TO RELEASE INFORMATION	
I authorize the _____ (name of registration board/college) to provide the information requested below and any information required by the College of Licensed Practical Nurses of Newfoundland and Labrador in order to process my application.	
_____ Applicant's Signature	_____ Date (dd/mm/yy)

Section B: *This section is to be completed and certified by the Nursing licensing/registering authority and mailed directly to the CLPNNL at the above address.*

THIS IS TO CERTIFY THAT (Please Print)


_____ Surname	_____ First Name	_____ Middle Name(s)
_____ Nursing School/Educational Program	_____ Graduation Date (dd/mm/yy)	
_____ Educational Facility Address	Registered by: <input type="radio"/> Examination <input type="radio"/> Endorsement	
_____ Initial Registration Date	_____ Registration Expiry Date (dd/mm/yy)	_____ Registration Number
_____ Name of Examination Written	_____ Number of Times Examination Written	_____ Date Examination Passed (dd/mm/yy)
Registration Status:	<input type="radio"/> Active/current	<input type="radio"/> Expired/non-practicing

FORMAL ACTIONS

1. Has the applicant's registration ever been revoked, suspended or under review?	<input type="radio"/> Yes	<input type="radio"/> No
2. Has the applicant's registration ever been made subject to conditions, limitations, restrictions, and/or an agreement with the board?	<input type="radio"/> Yes	<input type="radio"/> No
3. Has the applicant ever voluntarily surrendered their registration with the board and/or any other jurisdiction?	<input type="radio"/> Yes	<input type="radio"/> No
4. Has the applicant ever been denied registration?	<input type="radio"/> Yes	<input type="radio"/> No
5. Is there now or has there ever been any formal disciplinary action commenced against the applicant?	<input type="radio"/> Yes	<input type="radio"/> No
6. Have there ever been any formal sanctions imposed against the applicant as a matter of public record?	<input type="radio"/> Yes	<input type="radio"/> No
7. Is the applicant the subject of a current investigation, proceeding, outstanding and/or unresolved complaint against them in relation to their practice of nursing?	<input type="radio"/> Yes	<input type="radio"/> No

If "Yes" is the answer to any of the questions, please explain.

ACTING ON BEHALF OF THE REGULATORY BODY

_____ Signature of Registrar/Designate	_____ Print Name	 <p>Place Official Stamp or Seal Here</p>
_____ Title	_____ Email	
_____ Name of Licensing Authority/Jurisdiction	_____ Date	