



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)

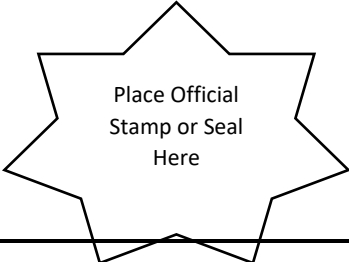
Surname	First Name	Middle Name(s)
Nursing School/Educational Program		Graduation Date (dd/mm/yy)
Educational Facility Address		Registered by: <input type="radio"/> Examination <input type="radio"/> Endorsement
Initial Registration Date	Registration Expiry Date (dd/mm/yy)	Registration Number
Name of Examination 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 Has the applicant's registration ever been revoked, suspended or under review? Yes No
2. Has the applicant's registration ever been made subject to conditions, limitations, restrictions, and/or an agreement with the board? Yes No
3. Has the applicant ever voluntarily surrendered their registration with the board and/or any other jurisdiction? Yes No
4. Has the applicant ever been denied registration? Yes No
5. Is there now or has there ever been any formal disciplinary action commenced against the applicant? Yes No
6. Have there ever been any formal sanctions imposed against the applicant as a matter of public record? Yes 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? Yes 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