

**FORM D: PROGRAM OF STUDY VERIFICATION**

**Section A – TO BE COMPLETED BY THE APPLICANT**

Applicant should complete section A and then forward to the director of your practical nurse program to complete Section B.

I \_\_\_\_\_  
Surname First Middle Maiden

Attended \_\_\_\_\_  
School of Nursing/Practical Nursing

From \_\_\_\_\_, 20\_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_

I hereby consent to have the College of Licensed Practical Nurses of Newfoundland and Labrador receive the information requested, since it is necessary for the evaluation of my application for Credential Assessment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_\_

**Section B – TO BE COMPLETED BY THE REGISTRAR OR DIRECTOR OF NURSING PROGRAM**

This certifies that \_\_\_\_\_ was admitted to  
Name of Graduate

\_\_\_\_\_  
School Name City Province/State/Country

on \_\_\_\_\_, and the records show successful completion of the program on \_\_\_\_\_.  
(DD/MM/YYYY) (DD/MM/YYYY)

\_\_\_\_\_  
Signature Title Date (DD/MM/YYYY)

Seal **(Not valid without campus seal and signature)**

PLEASE FORWARD THIS DOCUMENT AND THE FOLLOWING DOCUMENTS (in English) DIRECTLY FROM THE SCHOOL TO CLPNNL AT THE ADDRESS NOTED ABOVE.

- an official transcript of marks for all courses completed.
- a detailed course outline for each course completed.
- learning outcomes for the program of study complete.
- curriculum map that outlines theory hours, clinical and lab.
-