

## PROGRAM OF STUDY VERIFICATION

### Form D

#### Section A

Once you have completed section A, please forward to the director of your practical nurse program who will complete Sections B & C and forward as originals to the CLPNNL at the address above.

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

attended \_\_\_\_\_  
School of Nursing/Practical Nursing

from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

and have applied for Practical Nurse status within the Province of Newfoundland and Labrador.

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

**The College of Licensed Practical Nurses of Newfoundland and Labrador has requested that my school provide the following in English:**

- 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.

#### Section C

Seal

\_\_\_\_\_  
Signature Director of Nursing

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date