



2023/24 APPLICATION FOR A TEMPORARY LPN LICENSE

APPLICANT INFORMATION (Please Print)

Last Name	First Name	Middle Name	Maiden Name
-----------	------------	-------------	-------------

Date of Birth: _____ Sex: _____ Male _____ Female _____ Other
dd/mm/yyyy

Email Address: _____
Personal Email

Street & No.	P.O. Box	City/Town
--------------	----------	-----------

Province	Postal Code
----------	-------------

_____ Telephone – Home _____ Telephone – Cell _____

EDUCATIONAL INSTITUTION

Name of Program

Name and Location of Educational Institution

Program Start Date (dd/mm/yyyy)	Program End Date (dd/mm/yyyy)
---------------------------------	-------------------------------

Education other than Nursing (Please specify).

College Certificate _____ Year _____

College Diploma _____ Year _____

Bachelor Degree _____ Year _____

Masters Degree _____ Year _____

EMPLOYMENT as a LPN, if confirmed:

Site: _____

Unit: _____

Circle if applicable: Float Pool

Employment Type: _____ Temporary Position _____ Permanent Position

Status: _____ Part Time _____ Full Time _____ Casual

JUDICIAL and DISCIPLINARY DECLARATION:

Have you ever been convicted of any criminal offence(s) for which you have not received a pardon?

_____ Yes _____ No

Is there, to your knowledge any issue related to your competence, character, capacity or conduct that may impact your ability to practice as a Licensed Practical Nurse?

_____ Yes _____ No

If you answered yes to either of the above questions, please contact the CLPNNL for further information and instructions.

I have read and understood the Licensed Practical Nurses Act, regulations, By-laws, Code of Ethics, Standards of practice, Position Statements and Scope of Practice and I attest that I will adhere to same. I hereby attest that all information provided on this form is accurate and that I am the person making application for licensure as a practical nurse. I am aware that I am not considered to hold current licensure as a practical nurse until an official license has been issued by the CLPNNL. I hereby consent to the management of my personal information held by CLPNNL provided such management 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.

Signature

Date