



**COLLEGE OF
LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR**
LPNs - A PRACTICAL APPROACH TO QUALITY CARE

Licensure Reinstatement Application

All applicants must complete the **Licensure Reinstatement Application** and provide the following:

- *Verification of Hours Worked When Not Licensed with the CLPNNL form*, if required.
- New **original** police record check and vulnerable sector check issued in the past 3 months if you have been without a license with the CLPNNL for more than 30 days.
- Forms B, C, and H if you have worked outside NL since your last registration with CLPNNL.
- Applicable fees (Cheque or Money Order payable to CLPNNL or pay with credit card or debit by calling (709) 579-3843 ext. 200)

APPLICANT INFORMATION (Please Print)

Last (Surname) Name: _____

First (Given) Name: _____

Middle Name: _____

Other Surnames (Including Maiden): _____

Date of Birth: _____
(dd/mm/yyyy)

Gender: _____

Marital Status: Married Single Other

Email Address: _____

Permanent Address:

(Street Address) (City/Town) (Province/Territory/State)

(Country) (Postal Code/Zip Code)

(Telephone-Home)

(Telephone – Cell)

All Registration(s)/Licensure(s) in other Jurisdictions in the past 5 years:

Jurisdiction/Province	Registration/License Number	Date of Registration	Date of Expiry
1.			
2.			
3.			

Practical Nurse Experience in the past 5 years: (start with most recent employment)

Name and Address of Employer(s)

Date of Employment

1. _____

From _____ to _____

2. _____

From _____ to _____

3. _____

From _____ to _____

*Please complete **Section A** (Consent) of **Form C** (Verification of Employment) and forward to each of the employers listed above.

Judicial or Disciplinary Declaration

Have you ever been convicted of any criminal offence(s) in Canada or elsewhere for which you have not received a pardon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under investigation or awaiting any decision regarding discipline by any registration/licensing authority in any province, state, country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been disciplined by a registration/licensing authority for an occupation/profession in any province, state, country?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration

I have read and understood the Licensed Practical Nurses Act; Regulations; By-laws; Standards of Practice and Code of Ethics and I agree that I will adhere to the same.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that all information provided on this form is accurate and that I am the person making application for reinstatement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have complied with the requirements of the Continuing Competency Program (CCP) for the last licensure year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to the collection and disclosure of statistical information by the CLPNNL provided such disclosure 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

X

X

Date

Signature

When all fees and required documents have been received and deemed satisfactory, the license will be processed and the LPN's name will be found on the FIND A NURSE section on the CLPNNL website.