



**Verification of hours worked when NOT licensed with the CLPNNL**

This is to certify that I have not worked as a Practical Nurse in Newfoundland and Labrador while I did not hold licensure with the College of Licensed Practical Nurses of Newfoundland and Labrador.

I consent to the CLPNNL contacting my employer to verify my last shift worked.

I understand that if it is determined by the CLPNNL that I have worked as a Practical Nurse during the time that I did not hold licensure with the CLPNNL that I will be required to pay a penalty fee of \$100.00 = HST per shift worked to a maximum of \$1000.00 + HST, in addition to the reinstatement fee of \$100.00 + HST and the current annual licensure renewal fee. In addition, I may be subject to disciplinary action in accordance with the Licensed Practical Nurses Act, Regulations and the CLPNNL By-laws.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's License #

\_\_\_\_\_  
Employer (site)

\_\_\_\_\_  
Employer Contact and Phone

\_\_\_\_\_  
Date

**For Office Use Only:**

The information below was obtained from the employer regarding this matter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person with the employer who provided this information \_\_\_\_\_

Date information verified with the employer \_\_\_\_\_