



Reinstatement Application for LPNs previously registered with CLPNNL

Personal Information

Applicants are required to submit two (2) of the following government issued identification documents, one of which must contain a photo:

- Birth certificate
- Passport
- Driver's license
- Permanent Resident Card
- Citizenship Card
- Immigration Card

If applicable, applicants must submit a legal change of name document or marriage certificate if they have changed their name.

Identification documents must be emailed to registration@clpnnl.ca. Documents must be a clear digital color image and not a photocopy.

1. Provide your name as it appears on your government issued identification:

Last (Surname) Name:

First (Given) Name(s):

Middle Name:

Former Name(s):

MM/DD/YYYY

2. Date of Birth:

3. **Provide your permanent address:**

Permanent Address:

City:

Province/State:

Postal Code:

Country:

4. **E-mail Address:**

5. **Telephone Number:**

US / Canada: (###) ###-####

6. **Gender:**

7. Is your current address different from your permanent address? If yes, provide your current address:

Current Address:

City:

Province/State:

Postal Code:

Country:

Registration/Licensure

8. List all the jurisdiction(s) (province/state/country) where you have been registered or licensed to practice as a **Licensed Practical Nurse or Registered Nurse** (applicable to applicants who were registered as a Registered Nurse outside Canada) in the past five years, including current licensure.

If you are notified that [Verification of Registration](#) is required, it must be sent to the CLPNNL directly from the regulatory body within 8 weeks after you are issued a Temporary License.

Jurisdiction name	Registration #	License status and expiry

**Failure to report all active licenses will result in a delay in your application process.

Employment

9. Provide the following information for all your nursing employer(s) in the past 5 years, including your current employer. Employment as a Personal Care Attendant (PCA), Health Care Aid (HCA) or similar position should also be included.

Employer Name	Employer Address	Position held	Start date	End date	Were you suspended or terminated? Yes or No

Note: If you indicated above that you have been suspended or terminated from any nursing employment you must provide a brief explanation.

Declaration of nursing practice hours:

Record your nursing practice hours in the fields below. When calculating your hours ensure:

- You were licensed as an LPN/RPN or RN at the time the hours were completed.
- Do not include vacation, sick time, or other leave of absence hours.
- Overtime hours must be reported as actual work hours and not paid hours.
- If you have multiple employers within the year hours should be added together.

d. Have you ever pleaded no contest or made any similar plea to any criminal charge?

Yes No

e. Have you ever been charged with or accused of a criminal offence that resulted in you entering into a diversion program, conditional discharge or other resolution process as an alternative to conviction or prosecution?

Yes No

f. Has there ever been any civil proceeding, legal action, insurance or other claim that was in any way related to your practice of nursing?

Yes No

g. Have you ever agreed to a settlement as a means to resolve civil proceedings or in relation to any investigation, proceeding or disciplinary action with respect to your professional conduct, competence, character, capacity or fitness to practice?

Yes No

h. Have you been denied registration in any jurisdiction (province/territory/country) within the last five (5) years?

Yes No

i. Are there currently any conditions or restrictions on your registration or licence?

Yes No

j. Is your registration/license to practice nursing under review/investigation, suspended or revoked; or are there any disciplinary procedures commenced, in process or pending, in any jurisdiction (province, territory or country)?

Yes No

k. Have you ever been disciplined by a nursing registration/licensing authority?

Yes No

l. Have you ever, before or during the course of an investigation or disciplinary proceeding, voluntarily entered into an undertaking or otherwise agreed to restrict your practice or to refrain from practice?

Yes No

m. Have you ever been suspended or terminated from any nursing employment?

Yes No

Comment section:

If you have indicated yes to any of the declarations above (12a to 12m) you must provide addition information.

13. Declarations of Fitness to Practice Nursing

a. Is there to your knowledge or belief, any event, circumstance, or condition concerning your competence, character, capacity, conduct, or reputation that may impact your ability to practice safely?

Yes No

b. Do you have any physical or mental conditions or disorders that may or does currently impair your ability to practice nursing safely and competently?

Yes No

Comment section:

If you have indicated yes to the Fitness to Practice Declarations (13a or 13b) you must provide addition information.

14. General Declarations

Applicants must enter their name and check each box below:

I, _____, declare that I have read and agree with each of the following declaration statements.

I consent for the CLPNNL to obtain confirmation or verification of the documentation and information submitted as part of this application.

I declare that the information provided in this application is true, correct and complete.

- I attest that I am the person completing this application.

- I understand that the college will immediately stop the assessment of my application while they gather more information if:
 - a. I have provided any inaccurate information; or
 - b. I have omitted required information; or
 - c. The college determines that any documents submitted during the application process have been altered, tampered with or forged.

- I understand that any and all information provided by me to the College in the course of the application process may be used internally by the college for any of its regulatory functions.

- I confirm that I have disclosed in this application all events, circumstances, or conditions concerning my capacity, competence, character, conduct or reputation that may impact my ability to safely and ethically practice nursing.

_____ 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.

Provide the application processing fee of \$200.90 + HST.
(Pay with credit card or debit by calling (709) 579-3843 ext. 100 or ext. 101 or via Cheque or Money Order payable to CLPNNL)

After the application form and application fee are submitted, you will be contacted with a decision within 3 business days.

TEMPORARY LICENSE

Once the applicant is deemed eligible for licensure in Newfoundland and Labrador, the licensure fee of \$376.66 +HST. (\$227.00 + HST after December 1) must be paid. After licensure payment is received by CLPNNL, a **temporary licensure** will be issued for a period of 8 weeks. The CRC and VSC and all required verifications must be received at the CLPNNL within 8 weeks.

INITIAL LICENSE

Once the CRC and VSC and all required verifications have been received, the temporary license will convert to an **initial licensure** (at no charge) which is valid to the end of this licensure year (March31).

Failure to submit the required documents will result in your temporary license ceasing after 8 weeks without conversion to an initial license and you will no longer be eligible to practice in NL.

Once given a license to practice in NL (either temporary licensure or initial licensure) the LPN's name will be found on the FIND A NURSE section on the CLPNNL website.

If you have any additional employment, jurisdictions, or other information you would like to supply, please provide it below: