



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

REGISTRATION EXAM (CPNRE) APPLICATION

Testing Window: May 01, 2024 – May 31, 2024

EXAM APPLICATION AND FEE DUE BY March 01, 2024 @ 4:30PM

Exam Fee: \$600.00 + 90.00 HST = Total \$690.00

Email Exam Application to: 2024graduates@clpnnl.ca

**Payment Options: Call 709-579-3843 ext. 100
to make the payment by debit or credit**

(For those requesting Testing Accommodations; The Testing Accommodation application and required forms must accompany the CPNRE application, it must be submitted to the CLPNNL office by March 01, 2024)

Surname	First Name	Middle Name	Maiden Name
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PERMANENT MAILING ADDRESS:

P.O. Box	Street & No.	City/Town	Prov.	Postal Code
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Home Telephone #: _____ Cell #: _____

E-mail Address: _____

Please use an email address that you will have access to after graduation as exam results will be sent to this address.

DATE OF BIRTH: _____
Day Month Year

School Name: _____

Site Location: _____

Date PN Program Commenced _____

Expected Date of Completion _____

I consent for my exam results to be provided to the Centre for Nursing Studies and/or the College of the North Atlantic.

i certify that the information I have provided is correct.

Dated this _____ day of _____, 2024

Signature of Applicant: _____