



**APPLICATION FOR LICENSING IN NOVA SCOTIA**

**PART III – Certification of Current/Most Recent Registration/Licensure**

**SECTION A: APPLICANT** – Following completion of Section A, please forward to the registering/licensing authority that issued your **current/most recent** registration/licensing, requesting they verify your status by completing Section B.

Name: \_\_\_\_\_  
Surname Birth/former name(s) Given names

Civic Mailing Address: \_\_\_\_\_

School of Nursing, with location: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Year registered in original jurisdiction: \_\_\_\_\_ Reg #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====

**SECTION B: REGISTRATION/LICENSING AUTHORITY** – To be completed by the registration/licensing authority issuing **current/most recent** registration/license, and returned directly to the College of Licensed Practical Nurses of Nova Scotia.

Kindly verify this applicant’s practical nurse registration

Acting on behalf of the \_\_\_\_\_  
Current registering/licensing authority

I do hereby certify that \_\_\_\_\_

was issued a certificate of registration as a LPN/RPN/LNA bearing the date \_\_\_\_\_  
Day/Month/Year

and number \_\_\_\_\_ that the applicant is/was registered/licensed for the year \_\_\_\_\_.

Has the certificate/license ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

=====

In so far as is known by this Registration/Licensing Authority the applicant \_\_\_\_\_ eligible for registration/licensing. is/is not

(Seal)

\_\_\_\_\_  
Registrar or Secretary

\_\_\_\_\_  
Date

This Certificate **must** be sent from the **most current Registration/Licensing Authority** to the College of Licensed Practical Nurses of Nova Scotia. If it comes from the applicant, it will be returned to the Registration/Licensing Authority for verification.