



Starlight Gallery  
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**APPLICATION FOR LICENSING IN NOVA SCOTIA FOR  
(OUT OF COUNTRY)**

**PART V - Verification of Graduation from a Practical Nursing Program or Nursing Equivalent  
for Out of Country.**

**SECTION A: APPLICANT** – Following completion of Section A, please forward application to school of nursing for completion of Section B. Your school must forward it directly to the College of Licensed Practical Nurses of Nova Scotia. If English is not the official language of the country in which your nursing education was completed, please secure translations of your documents through the nursing association in your country or a qualified translator.

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

School of Nursing: \_\_\_\_\_

Full address: City, Province/State, Country

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**SECTION B: DIRECTOR, SCHOOL OF NURSING** – To be completed by the Director of the applicant's school of nursing, and returned directly to the College of Licensed Practical Nurses of Nova Scotia, along with a copy of the applicant's transcript.

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This certifies that \_\_\_\_\_  
Name of applicant (student)

Born on \_\_\_\_\_ was enrolled in \_\_\_\_\_  
d/m/y Name of School, College or Hospital

Full address: City, Province/State, Country

for a \_\_\_\_\_ year course to qualify as a Practical/Registered Nurse.

The program began \_\_\_\_\_ and was completed \_\_\_\_\_  
day/month/year day/month/year

Date of Registration examination(s) written \_\_\_\_\_  
day/month/year

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

At the time the above program was taken, the School, College or Hospital was approved officially by:

**PLEASE ATTACH STUDENT'S TRANSCRIPT.** Include theory and clinical course names and hours including length of experience in each clinical field. **Seal should be imprinted on transcript.**