



APPLICATION FOR RE-LICENSING IN NOVA SCOTIA

PART II – 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

Address: _____

School of Nursing, with location: _____

Year of Graduation: _____ Year registered in original jurisdiction: _____ Reg #: _____

Signature: _____ Date: _____

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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 applicants practical nursing 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Has the certificate/license ever been revoked or suspended?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 _____

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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.

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