



APPLICATION FOR RE-LICENSING IN NOVA SCOTIA

PART III – Statement from Employer

SECTION A: APPLICANT – Following completion of Section A, please forward to the Director of Nursing **OR** Director of Human Resources at your **current/most recent** place of employment, requesting completion of Section B.

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

Email: _____ Telephone: _____

Dates of employment: _____ to _____
day/month/year day/month/year

Signature: _____ Date: _____

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SECTION B: EMPLOYER – The above named applicant is applying for registration and licensure with the College of Licensed Practical Nurses of Nova Scotia. Please complete the following statements in relation to the applicant's **employment as a licensed practical nurse**, and confirm that no professional, ethical and/or health problems have occurred to indicate a license should not be issued. Please return by mail the completed form to the College of Licensed Practical Nurses of Nova Scotia. Thank you for your assistance.

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This is to verify that _____
Name of Employee

was employed by _____
Name of Employing Agency

Mailing Address

between _____ and _____
day/month/year day/month/year

Employment status (please indicate one): Full-time _____ Part-time _____

Position: _____ Hours practiced (per year): _____

Were there any practice/employment issues with the applicant prior to her/his leaving your employment?

If yes, please identify: _____

Eligible for re-hire: Yes _____ No _____ (If *no*, please attach an explanation)

Name and title (please print): _____ Signature: _____

Date: _____ Telephone: _____ E-mail: _____