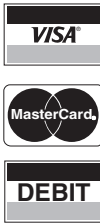




College of Licensed Practical Nurses of NS
 Suite 1212, 2000 Barrington Street
 Cogswell Tower, Halifax, NS B3J 3K1
 Phone: (902) 423-8517
 TOLL FREE IN NS: 1-800-718-8517
 Fax: (902) 425-6811



Prior to completing your information, please read the information on the back and in the accompanying guide. Complete both sides of the application as applicable.

Incomplete forms will be returned.

Application for License
 November 1, 2009 - October 31, 2010
 An Administrative fee of \$20 for NSF Cheques

| | | | | | | | | |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| FOR OFFICE USE ONLY | AMOUNT PAID | DEBIT | PAYROLL DEDUCTION | VISA/MC | MONEY ORDER | CASH | CERTIFIED CHEQUE | DATE RECEIVED |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Complete Civic Address: _____

2010

CORRECT NAME AND ADDRESS, ONLY IF NECESSARY.

Surname _____ First _____ Middle _____

Mailing Address _____

City/Town _____ Province _____ Country _____ Postal Code _____

County (Within Nova Scotia) _____

PAYMENT INFORMATION Membership fee active practicing \$255.00
 Make Certified Cheque/Money Order Payable to: **CLPNNS**

If paying by Visa/Mastercard

Name: _____

Number: _____ Expiry Date: _____

Signature: _____

ORIGINAL/BIRTH SURNAME

NOVA SCOTIA REGISTRATION NO.

Retiring from CLPNNS
 If Retiring, please sign and return

Signature: _____ Date _____

Resigning from CLPNNS
 If Resigning, please complete Section 6 (Your hours for the year 2009 will be recorded)

Signature: _____ Date _____

PAYROLL DEDUCTION

My fee and application are being forwarded by my facility via payroll deduction: Yes _____ No _____

If yes, follow the procedure established at your facility.
 If no, forward application and fee to the College.

SECTION 1: PRESENT EMPLOYMENT STATUS (Check applicable boxes for primary employer)

| | | |
|---|---|--|
| EMPLOYED IN NURSING (Check for primary employer only) 10 <input type="checkbox"/> Regular → 1 <input type="checkbox"/> Full-time or 2 <input type="checkbox"/> Part-time 11 <input type="checkbox"/> Temporary/Casual → 1 <input type="checkbox"/> Full-time or 2 <input type="checkbox"/> Part-time | EMPLOYED IN OTHER THAN NURSING 20 <input type="checkbox"/> Seeking employment in nursing 21 <input type="checkbox"/> Not seeking employment in nursing | CURRENTLY ON LEAVE OF ABSENCE 11 <input type="checkbox"/> On family leave 12 <input type="checkbox"/> On education leave 13 <input type="checkbox"/> On illness/injury leave 14 <input type="checkbox"/> Other leave of absence |
| | NOT EMPLOYED 30 <input type="checkbox"/> Seeking employment in nursing 31 <input type="checkbox"/> Not seeking employment in nursing | |

SECTION 2: EDUCATION (Check highest education level achieved in each area)

| | |
|---|--|
| IN NURSING (POST LPN) 1 <input type="checkbox"/> Diploma _____ 4 <input type="checkbox"/> Doctorate 2 <input type="checkbox"/> Bachelor's Degree 5 <input type="checkbox"/> None of the above 3 <input type="checkbox"/> Masters Degree Specify _____ | IN OTHER THAN NURSING (POST LPN) 1 <input type="checkbox"/> Diploma _____ 4 <input type="checkbox"/> Doctorate 2 <input type="checkbox"/> Bachelor's Degree 5 <input type="checkbox"/> None of the above 3 <input type="checkbox"/> Masters Degree Specify _____ |
|---|--|

SECTION 3: HAVE YOU COMPLETED THE PRACTICAL NURSE RE-ENTRY PROGRAM IN THE PAST 12 MONTHS FROM A RECOGNIZED/APPROVED POST SECONDARY INSTITUTION?

Yes No DATE OF COMPLETION YEAR MONTH DAY CAMPUS _____

SECTION 4: HAVE YOU COMPLETED THE PRACTICAL NURSE POST GRAD ADMINISTRATION OF MEDICATIONS IN THE PAST 12 MONTHS FROM A RECOGNIZED/APPROVED POST SECONDARY INSTITUTION?

Yes No DATE OF COMPLETION YEAR MONTH DAY CAMPUS _____

SECTION 5: HAVE YOU COMPLETED THE PRACTICAL NURSE POST GRAD HEALTH ASSESSMENT COURSE IN THE PAST 12 MONTHS FROM A RECOGNIZED/APPROVED POST SECONDARY INSTITUTION?

Yes No DATE OF COMPLETION YEAR MONTH DAY CAMPUS _____

| SECTION 6: RECORD OF NURSING EMPLOYMENT | | | SECTION 7: EMPLOYMENT DATA (Complete if applicable) |
|---|--|---------------------------|---|
| Ensure all years are recorded - see instructions for Calculation of Practice Hours. Do not include vacation, sick time or leave of absence hours. Record of Hours: You are required to maintain and retain a minimum of 5 years (LPN Regulation). | | | I am currently employed by more than one employer Yes <input type="checkbox"/> No <input type="checkbox"/> |
| DISTRICT HEALTH AUTHORITY | NAME OF ACTUAL BUILDING SITE IN DISTRICT (If applicable) EMPLOYER(S) (Primary) | Total LPN Hours Practiced | <p>Permission to Release LPN License to a Third Party</p> <p>The LPN License card contains personal information. If you wish to have your license picked up at the College Office by a third party, please complete the section below.</p> <p>I give the College permission to release my 2010 LPN license to practice nursing to:</p> <hr/> <p><i>The person picking up the LPN License may be required to provide photo identification</i></p> |
| <input type="checkbox"/> 1. SSDHA | NOV 1/08 - OCT 31/09 | | |
| <input type="checkbox"/> 2. SWNDHA | NOV 1/07 - OCT 31/08 | | |
| <input type="checkbox"/> 3. AVDHA | NOV 1/06 - OCT 31/07 | | |
| <input type="checkbox"/> 4. CEHHA | NOV 1/05 - OCT 31/06 | | |
| <input type="checkbox"/> 5. CHA | NOV 1/04 - OCT 31/05 | | |
| <input type="checkbox"/> 6. PCHA | | | |
| <input type="checkbox"/> 7. GASHA | NAME OF ACTUAL BUILDING SITE IN DISTRICT (If applicable) EMPLOYER(S) (Secondary) | Total LPN Hours Practiced | |
| <input type="checkbox"/> 8. CBDHA | NOV 1/08 - OCT 31/09 | | |
| <input type="checkbox"/> 9. CDHA | NOV 1/07 - OCT 31/08 | | |
| | NOV 1/06 - OCT 31/07 | | |
| | NOV 1/05 - OCT 31/06 | | |
| | NOV 1/04 - OCT 31/05 | | |
| | NAME OF ACTUAL BUILDING SITE IN DISTRICT (If applicable) EMPLOYER(S) (Third) | Total LPN Hours Practiced | |
| | NOV 1/08 - OCT 31/09 | | |
| | NOV 1/07 - OCT 31/08 | | |
| | NOV 1/06 - OCT 31/07 | | |
| | NOV 1/05 - OCT 31/06 | | |
| | NOV 1/04 - OCT 31/05 | | |

FILL IN FOR UP TO THREE EMPLOYERS USING THE CODES BELOW (Select only one code for each employer)

| SECTION 8: PLACE OF WORK | | | SECTION 9: POSITION | | | SECTION 10: PRIMARY AREA of RESPONSIBILITY | | |
|--|---|---|---|---|---|---|---|---|
| PRIMARY EMPLOYER | SECOND EMPLOYER | THIRD EMPLOYER | PRIMARY EMPLOYER | SECOND EMPLOYER | THIRD EMPLOYER | PRIMARY EMPLOYER | SECOND EMPLOYER | THIRD EMPLOYER |
| <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |
| 01 Hospital (general, maternity, pediatric, psychiatric) | | | 06 LPN Staff Nurse / Community Health Nurse | | | DIRECT PATIENT CARE | | ADMINISTRATION |
| 02 Mental Health Centre | | | 08 LPN Instructor / Educator | | | 01 Medical / Surgical | | 21 Nursing Service |
| 03 Nursing Station (outposts or clinics) | | | 12 LPN Co-ordinator / Care Manager | | | 02 Psychiatric / Mental Health | | 22 Nursing Education |
| 04 Rehabilitation / Convalescent Centre | | | 13 LPN Specialty | | | 03 Pediatric | | Other (specify) |
| 05 Nursing Home / Long Term Care | | | Other (specify) | | | 04 Maternal / Newborn | | |
| 06 Home Care Agency | | | | | | 05 Geriatric / Long Term Care | | EDUCATION |
| 07 Community Health / Health Centre / Public Health | | | | | | 06 Critical Care | | 31 Teaching - Students |
| 08 Business / Industry / Occupational Health | | | | | | 07 Community Health /Public Health | | 32 Teaching - Employees |
| 09 Private Nursing Agency / Private Duty | | | | | | 08 Ambulatory Care | | 33 Teaching - Patients/Clients |
| 10 Self-Employed | | | | | | 09 Home Care | | Other (specify) |
| 11 Physician's Office / Family Practice Unit | | | | | | 10 Occupational Health | | |
| 12 Education Institution | | | | | | 11 Operating Room / RR | | RESEARCH |
| 13 Association / Government | | | | | | 12 Emergency Care | | 41 Nursing Research Only |
| 14 Other (specify) | | | | | | 13 Several Clinical Areas | | 49 Other Research (specify) |
| | | | | | | 14 Oncology | | |
| OTHER: (specify) _____ | | | OTHER: (specify) _____ | | | 15 Rehabilitation | | |
| | | | | | | 16 Palliative Care | | |
| | | | | | | Other (Specify) | | |

SECTION 11: JUDICIAL OR DISCIPLINARY DECISION Please attach letter if you answer Yes to any of the following.

1. Have you ever been found guilty of or been convicted of any offence(s), criminal or otherwise? Yes _____ No _____

2. Are you currently under investigation by any registration / licensing authority? Yes _____ No _____

3. Have you ever been disciplined by a registration / licensing authority for any occupation / profession in any province, state or country, or do you have any conditions or restriction on any license that you currently hold? Yes _____ No _____

SECTION 12: CONTINUING COMPETENCY PROGRAM

1. Have you begun to complete requirements for mandatory continuing competence compliance? Yes _____ No _____

RELEASE OF INFORMATION: UNDER PIPEDA, YOUR CONTACT INFORMATION MAY BE RELEASED BY THE COLLEGE TO THIRD PARTIES FOR RESEARCH, SURVEYS OR EDUCATIONAL PURPOSES.

SECTION 13: SIGNATURE

LATE PENALTY FEE OF \$25.00 WILL BE CHARGED FOR REGISTRATIONS RECEIVED IN THE CLPNS OFFICE AFTER 31 OCTOBER 2009. REGISTRATION RETURNED DUE TO MISSING INFORMATION AND NOT RETURNED TO OUR OFFICE UNTIL AFTER 31 OCTOBER 2009, SUBJECT TO THE LATE FEE PENALTY. IF YOUR REGISTRATION IS NOT RECEIVED BY 31 OCTOBER 2009 YOUR LICENSE WILL BE SUSPENDED.

I certify the information provided on this form is true and complete and that I meet the requirements for a current license. _____
 I further agree that I will immediately report to the College should anything occur while licensed as an LPN that would alter my responses to any of the questions contained in this application. _____ E-MAIL _____

DATE _____ SIGNATURE _____ PHONE (BUSINESS) _____ PHONE (HOME) _____

COLLEGE OF LICENSED PRACTICAL NURSES OF NOVA SCOTIA

Guide to Completing Your Application for License to Practice Practical Nursing November 1, 2009 - October 31, 2010

If you were licensed with the College for the 2009 licensing year and are planning to renew your license for 2010, it is important to note that your current license will expire on October 31, 2009. To continue or commence practising practical nursing in the year 2010, a valid 2010 license is required. To obtain your 2010 license, submit **the completed enclosed Application** with the specified licensure fee, to the College on or before October 30, 2009. The College is closed on October 31, 2009.

You must also have met one of the following requirements within the time frame of November 1, 2004 - October 31, 2009.

- ▶ completed at least 1,000 hours in the practise of practical nursing.
- ▶ graduated from an approved practical nursing education program
- ▶ completed a re-entry program

Possession of a valid license is your professional responsibility.

To obtain your 2010 license, return your **completed Application for License to Practise Practical Nursing** to the College with the fee for \$255.00 via one of the following options:

- ▶ **MAIL** - using the enclosed pre-addressed envelope
- ▶ **PAYROLL DEDUCTION** - follow the procedure at your facility. Applications and fees sent from facilities are due at THE COLLEGE by September 18, 2009.
- ▶ **IN PERSON** - at the College: Suite 1212, Cogswell Tower, 2000 Barrington Street, Halifax, NS B3J 3K1
Office Hours:
8:30 - 4:00 Monday - Friday
Holiday closings: September 7 & October 12
- ▶ **VISA, MASTERCARD, DEBIT**
- ▶ **CERTIFIED CHEQUE, MONEY ORDER**
- ▶ **CASH**

To avoid delays in processing your applications, please ensure that you:

- ▶ submit the active-practising fee (\$255.00) if paying by certified cheque, money order, visa, mastercard, debit
- ▶ print your registration number on the front of your cheque / money order
- ▶ follow the procedure established at your agency, **if on payroll deduction**
- ▶ **complete the application form in its entirety OR it will be returned**
- ▶ sign and date application
- ▶ send the application and fee to THE COLLEGE **in time to ensure that you receive** your license on or before October 30, 2009. The College is closed on October 31, 2009.

WANTED – AD HOC COMMITTEE REGISTRANTS

SECTION 14:

In 2009-10 the College will review the database of registrants interested in serving on both standing and Ad Hoc Committees. If you would like to be involved in one of these capacities, please complete the following sections.

NOTE: This database is updated on an annual basis. Please take a moment to complete the following to ensure the information is current.

If you would like to serve on an Ad Hoc Committee related to your area of expertise please check the following box:

- Yes, if the opportunity arose, I would like to sit on an ad hoc/standing committee.
Please note that "interest" does not guarantee "opportunity".

Specify area of interest _____

Committees:

- | | | |
|--|---|--|
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Fitness to Practice | <input type="checkbox"/> Other Ad Hoc Committees as needed |
| <input type="checkbox"/> Jurisdictional Review | <input type="checkbox"/> Re-instatement Committee | |
| <input type="checkbox"/> Professional Conduct / Complaints | <input type="checkbox"/> Continuing Competency | |

College of Licensed Practical Nurses of Nova Scotia

Registration / License Fee Information

| | |
|---|---|
| Active-practising Registration (Nov 1, 2009 - Oct 31, 2010) | \$255.00 |
| Late Fee (after Oct 31, 2009 thru to Dec 31, 2009) | \$280.00 (\$255.00 + \$25.00 Late Fee) |
| Active-practising (pro-rated for 6 months) (May 1, 2010 - Oct 31, 2010) | \$130.00 (+ Reinstatement fee may apply) |
| Reinstatement Fee (after Dec 31, 2009) | \$305.00 (\$255.00 + \$50.00 Reinstatement fee) |

The LPN Act states that to use the designation “LPN”/“Licensed Practical Nurse” and to practise practical nursing in Nova Scotia, a person’s name must be entered in the register, the roster of active-practising registrants and the person must hold a current license to practice nursing. An active-practising license is issued on receipt of a completed, signed application and fee.

Application and accompanying fee are to be received together.

An active-practising license is required only if you are currently practising nursing in Nova Scotia. If you are off on leave (maternity, sick, LOA, etc) it is not necessary to obtain a license until you are ready to return to work. Please note that the reactivation fee may apply if renewing your license after October 31, 2009. Fees are pro-rated as of May 1 of each year.

Non-active Registrant

Automatically assigned November 1, 2009, if previous membership not renewed by October 31, 2009. **No fee required.** Application form must be returned and completed if applicant is retiring or resigning in order to remain in good standing with the College.

Please allow 5-7 business days for your license to be processed. The College is not responsible for breakdowns in technology or services that impede the receipt of your application.

Payment Information and Terms:

1. All licensure fees are non refundable after October 31, 2009.
2. Cash, Visa/Mastercard, Certified cheques or money orders, payable to CLPNNS in Canadian funds, are accepted.
3. An Administrative fee of \$20.00 is charged for all payments returned for any reason by a financial institution.
4. Fees paid by post-dated certified cheque are processed on the date indicated on the cheque.

Payroll Deduction

If participating in a payroll deduction plan, complete your Application as per the information (back page) **AND** follow the procedure established at your facility. **Applications and fees from facilities are to be at the College by September 18, 2009.**

Inquiries regarding your Application for a License to Practice Practical Nursing should be directed to Deputy Registrar: Registration & Exams 1 (902) 423-8517, Ext. 4 Toll free (NS) 1-800-718-8517, Ext. 4.

To verify your license has been processed go to www.clpnns.ca and under license verification put in name or current license number.

NSF Payments

An administrative fee of \$20.00 will be charged for all payments returned for any reason by your financial institution. If this fee is not remitted within 10 working days of receipt of the invoice, your license will be declared void and your employer notified that you are not eligible to practise practical nursing.

PRACTISING WITHOUT A LICENSE

Members who continue to practise without a current and valid license are contravening the LPN Act and are subject to disciplinary action. In addition, the hours worked during this time are not acknowledged as practise hours for license renewal, and liability protection is not provided. A reinstatement fee, combined with the license fee, is payable before an active-practising license would be issued (if all other licensure requirements are met).

ENTITLEMENTS OF ACTIVE-PRACTISING LICENSURE

Active-practising members are entitled to:

1. practise practical nursing in the province of Nova Scotia
2. use the designation “LPN”, “Licensed Practical Nurse”
3. receive copies of the official publications of the College Reporter and the Annual Report
4. receive liability protection
5. claim the licensure fee for income tax purposes. **Your tax receipt is as attached.**

Members who have not renewed their license by October 31, 2009 will not be entitled, after that date, to:

1. *practise practical nursing in Nova Scotia*
2. *use the initials “LPN” or designation “Licensed Practical Nurse”*
3. *receive copies of the official publications of the College Reporter and the Annual Report*
4. *receive liability protection*