



Fast Facts

Completing your 2010 Renewal Application

If you were licensed in NS for the year 2009, data from your 2008 application is pre-printed on this application. Please review the pre-printed data to ensure it is correct and update if required. If no data has been pre-printed, please complete all sections of the application. The following Fast Facts have been developed to help answer some of the most commonly questioned sections on the application.

Correct Name and Mailing Address - Complete this section if you have a name and/or address change also **add your proper mailing address**. If you have had a change of name, attach a photocopy of the appropriate supporting document (e.g. marriage or change of name certificate) to your application. If you are going back to your birth surname (maiden) name, documentation is not required. If there is a change in this information within the year following this application, please send supporting documentation to the College.

Section 1: **Present Employment Status** - Ensure that the printed data reflects your current employment status, in relation to the employer where you primarily practice nursing, as of the date you complete the application. If the pre-printed information is no longer correct, please correct directly on the form.

i) **Employed in Nursing**

Regular Employment – employed on a permanent basis

Temporary/Casual Employment - employed in a temporary position or casual (term) position

Full-time/part-time – check whether position is full-time or part-time hours

ii) **Employed in Other Than Nursing**

Check whether seeking employment in nursing or not

iii) **Not Employed**

Check whether seeking employment in nursing or not

iv) **Currently on Leave of Absence**

Check (if applicable only) if on Leave of Absence

Section 2: **Education – In Nursing/Other Than Nursing** – Indicate the highest level of education you have achieved “*In Nursing*” or in areas “*Other than Nursing*”.

“*In Nursing*” – refers to nursing certificates, diplomas or degrees obtained **AFTER** your LPN initial registration/licensure. If you completed a certificate/diploma nursing program as your basic program and have not completed any further degrees, the correct response in this section would be “**None**”.

“*Other Than Nursing*” refers to certificates, diplomas or degrees (post secondary) in a subject/field other than nursing. **Example:** BA. BBA. If none, check none

Section 3: **Re-Entry Program** – If you completed a re-entry program within the past 12 months please indicate year/month/day and campus.

Section 4: **Medication Administration Program** – If you completed a post-grad medication administration program in the past 12 months please indicate year/month/day and campus.

Section 5: **Health Assessment Course** - If you completed a post-grad Health Assessment Course in the past 12 months please indicate year/month/day and campus.

Section 6: **Employment** – Name of Primary Employer (***Agency/Institution actual building site***) – Your **primary employer** is the actual building site where you practice nursing the **most** hours per week.

Name of Second or Third Employer – The second or third employer is the actual building site where you work, if you are employed in multiple employments.

***Make any necessary corrections to the name of your employing agency in the space provided. Please specify the agency or hospital where you are working for example, state Dartmouth General Hospital, not QEII or Capital Health.**

Section 7: **Calculating Hours of Practice – (Full Time)** – If you practiced on a full-time basis throughout the year preceding your license renewal enter **1725** worked hours.

(Part-Time/Casual Basis) – If you were employed on a part-time or casual basis, enter the exact number of hours you practiced. When calculating these hours, **do not include** vacation/sick time, LOAs (e.g. maternity, LTD), extended leave times or on-call hours unless they were actual hours worked.

If you are in a casual position, estimate your hours to October 31, 2009. Hours can be corrected on next year's renewal application (2010); or call the College office with the corrected hours after November 1, 2009.

The College database contains a record of your hours practiced in the years proceeding this licensure year (based on the information you provided on previous applications). **If you did not enter any hours for a particular year, then the entry in our database for your hours in that year is ZERO.** If you would like to correct or revise hours for any licensure year, submit verified hours from your employer for those hours.

Record of Hours - You are now required to maintain and retain a record of practice (worked) hours for a minimum of 5 years as per LPN Regulations Section 27 (1) (2). On an annual basis the College will randomly audit members for verification of hours worked.

Section 8: **Primary/Second/Third Place(s) of Work/Position/Primary Area of Responsibility** – Verify that your primary/second/third *Place(s) of Work/Position(s)/Primary Area of Responsibilities* are accurate. Only **one** code should be checked in each section.

Section 9: **Employment Position** – Check **one** position title for each employer, if necessary.

Section 10: **Primary Area of Responsibility** – Check **one** box for each employer, if necessary.

Section 11: **Judicial or Disciplinary Decision(s)** – Responses to the questions related to judicial or a disciplinary decision are required so that the College can assure the public that your practice is safe, competent and ethical. **Your application will be returned if these questions are not answered.**

Section 12: **Continuing Competency Program** - This question is reminding the member re the mandatory continuing competency validation process that will begin with registration for 2011, as per LPN Regulations Section 28.

Section 13: **Signature** - When you sign and date the application, you are certifying that the information provided is complete and true. **If your application is not signed it will be returned to you, delaying receipt of your license.**

Section 14: **Ad Hoc Committee Members** – The College has established a database of members interested in serving on ad hoc committees. If you are interested in one of these initiatives you are asked to indicate this on **back of application**.

NOTE: Your application form will be returned if you fail to complete Sections 6, 7, 8, 9, 10, 11, 12, and 13.