



**APPLICATION FOR LICENSING IN NOVA SCOTIA FOR  
(OUT OF PROVINCE BUT WITHIN CANADA)**

**PART I: APPLICANT**—I hereby apply for licensure as a Licensed Practical Nurse in the Province of Nova Scotia under the terms of the Licensed Practical Nurses Act.

**A. PERSONAL INFORMATION** – Show given names in full as they appear on your Birth Certificate.  
(UNDERLINE NAME COMMONLY USED)

Surname-Print in block letters	Given Names
Birth/Former name (s)	Date of Birth (day/month/year)
Permanent Civic Mailing Address	Postal Code

**B. PRACTICAL NURSE EDUCATION**

Name of School, College or Hospital	City, Province/State, Country
Course started (Day/Month/Year)	Course completed (Day/Month/Year)
Pharmacology/Administration of Medications	Yes ___ No ___ _____ Date completed: (Day/Month/Year)
Health Assessment	Yes ___ No ___ _____ Date completed: (Day/Month/Year)
IV Therapy	Yes ___ No ___ _____ Date completed: (Day/Month/Year)

**If education was not completed in Basic Program provide copy of Certificate(s)**

**C. REGISTRATION/LICENSURE** – List Province/State of current registration/licensure first

Province, State or Country	Registration Number	Expiry Date of Registration Certificate

**EXPERIENCE FOLLOWING GRADUATION**-LIST TWO MOST RECENT EMPLOYERS: You must provide total number of hours worked in immediately preceding five (5) years. Refer to form Part IV.

Name and Address of Employer (s)	Your position	Dates Employed (d/m/y) (From) (To)	Number of hours worked
_____	_____	_____	_____
_____	_____	_____	_____

**E. CRIMINAL RECORDS VERIFICATION** – You must include current (within past four weeks) criminal records verification.

**F. JUDICIAL OR DISCIPLINARY DECISION**

- In the past 12 months have you been convicted of any indictable offence(s) for which you have not received a pardon? Yes\_\_\_No\_\_\_
- Are you currently under investigation by any registration/licensing authority? Yes\_\_\_No\_\_\_
- In the past 12 months have you been disciplined by a registration/licensing authority for any occupation/profession in any province, state, or country? Yes\_\_\_No\_\_\_

**G. FEES – \$25.00 EVALUATION FEE PAYABLE WITH APPLICATION – LICENSING FEE PAYABLE WHEN LICENSURE APPROVED** – Contact the College for current licensing fees.

**H. COMPETENCY PROFILE BOOK** – Effective May 1, 2009 all new registrants to the College of Licensed Practical Nurses of Nova Scotia must purchase a Competency Profile Book at an additional cost of \$25.00 prior to receipt of your LPN license.

**I. Photo I. D. - Picture is required (government issued).**

I certify the information provided on this form is true and complete

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Present Civic Mailing Address

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email address