



APPLICATION FOR LICENSING IN NOVA SCOTIA

PART II – Certification of Original Registration/Licensure

SECTION A: APPLICANT – Following completion of Section A, please forward to the registering/licensing authority that issued your **original** registration/licensing, requesting they verify your status by completing Section B.

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

Civic Mailing 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 **original** registration/license, and returned directly to the College of Licensed Practical Nurses of Nova Scotia.

Kindly verify this applicant’s practical nurse registration

Acting on behalf of the _____
Original registering/licensing authority

I do hereby certify that _____

graduated from _____ located in _____
School, College or Hospital City, Province/State, Country

was issued a certificate of registration as a LPN/RPN/LNA bearing the date _____
Day/Month/Year

and number _____ that the certificate was obtained _____ examination and was
with/without

last renewed in _____ and that the applicant _____
Province/State Country

is/was registered/licensed for the year _____. At the time the above course was taken the school was approved officially
by _____.

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CPNRE/CNATS or NCLEX RESULTS: Specify: _____

Pass Date exam passed: _____

Other Examination if Applicable (Name) _____

If written prior to 2006, did the applicant write Administration of Medications and Basic Principles of Pharmacology and Intravenous Therapy? Yes _____ No _____ (If yes, provide Certificate)

If written prior to 2006, did the applicant write Physical Assessment of the Healthy Adult? Yes _____ No _____ (If yes, provide Certificate)

Has this certificate/license ever been revoked or suspended? Yes _____ No _____
(If yes, please provide documentation.)

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 **Original 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.