



APPLICATION FOR LICENSING IN NOVA SCOTIA

PART V (1) - Verification of Graduation from a Practical Nursing Program or Nursing Equivalent for Out of Province but within Canada.

SECTION A: APPLICANT – Following completion of Section A, please forward application to school of nursing for completion of Section B. Your school must forward it directly to the College of Licensed Practical Nurses of Nova Scotia. If English is not the official language of the country in which your nursing education was completed, please secure translations of your documents through the nursing association in your country or a qualified translator.

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

School of Nursing: _____ Year of graduation: _____

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SECTION B: DIRECTOR, SCHOOL OF NURSING – To be completed by the Director of the applicant's school of nursing, and returned directly to the College of Licensed Practical Nurses of Nova Scotia, along with a copy of the applicant's transcript.
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This certifies that _____
Name of applicant (student)

born on _____ was enrolled in _____
d/m/y Name of School, College or Hospital

in _____ for a _____ year course to qualify as a Practical/Registered Nurse.
City/Province/State/Country

The program began _____ and was completed _____.
day/month/year day/month/year

Date of Registration examination(s) written _____.
day/month/year

Signature: _____ Title: _____ Date: _____

At the time the above program was taken, the School, College or Hospital was approved officially by:

PLEASE ATTACH STUDENT'S TRANSCRIPT. Include theory and clinical course names and hours including length of experience in each clinical field. **Seal should be imprinted on transcript.**