



**APPLICATION FOR RE-LICENSING IN NOVA SCOTIA**

**PART III – Statement from Employer**

**SECTION A: APPLICANT** – Following completion of Section A, please forward to the Director of Nursing **OR** Director of Human Resources at your **current/most recent** place of employment, requesting completion of Section B.

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
day/month/year day/month/year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION B: EMPLOYER** – The above named applicant is applying for registration and licensure with the College of Licensed Practical Nurses of Nova Scotia. Please complete the following statements in relation to the applicant's **employment as a licensed practical nurse**, and confirm that no professional, ethical and/or health problems have occurred to indicate a license should not be issued. Please return by mail the completed form to the College of Licensed Practical Nurses of Nova Scotia. Thank you for your assistance.

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This is to verify that \_\_\_\_\_  
Name of Employee

was employed by \_\_\_\_\_  
Name of Employing Agency

\_\_\_\_\_  
Mailing Address

between \_\_\_\_\_ and \_\_\_\_\_  
day/month/year day/month/year

Employment status (please indicate one): Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Position: \_\_\_\_\_ Hours practiced (per year): \_\_\_\_\_

Were there any practice/employment issues with the applicant prior to her/his leaving your employment?

If yes, please identify: \_\_\_\_\_

Eligible for re-hire: Yes \_\_\_\_\_ No \_\_\_\_\_ (If *no*, please attach an explanation)

Name and title (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_