

Application for Registration as a Licensed Practical Nurse in Prince Edward Island

SECTION 1 – Personal Information:

Full Legal Name (first, middle, last name): _____

Previous Last Name(s): _____

Mailing Address: _____

Email Address _____

Home Phone: _____ Canadian Citizen: YES NO

Cell Phone: _____ Gender: _____

Date of Birth (MM/DD/YYYY): _____

SECTION 2 - Nursing Education:

Name of Nursing Program: _____

Name of Nursing School: _____

Nursing School Address: _____

Start Date: _____ Completion Date: _____

Credential Received (Degree, Diploma, Certificate): _____

SECTION 3 - Nursing Examination:

Number of Times Nursing Exam was Written: _____

Exam Type: CPNRE _____ NCLEX _____ Provincial Exam _____ Other _____

Date of Successful Examination(Passed) _____

SECTION 4 –Licensure/Registration Information:

Initial Registration/License (The Regulatory Body that issued your first registration/license):

Name: _____

Province/State: _____

Registration/Licensure Number: _____

Dates Licensed: _____

Current Regulatory Body (The Regulatory Body that issued your current registration/license):

Name: _____

Province/State: _____

Registration/Licensure Number: _____

Dates Licensed: _____

Additional Regulatory Body (If you are/were registered/licensed in any other province, state or country):

Name: _____

Province/State: _____

Registration/Licensure Number: _____

Dates Licensed: _____

**If you currently hold licensure in more than two jurisdictions, please provide the information on the back of this application.*

SECTION 5 – Hours Practised as a LPN/RPN in the past Five Years (5):

Licensed Practical Nurses in Prince Edward Island are required to maintain currency of professional knowledge and skill requirement by the completion of a minimum of 1,000 hours of practice in the previous five years.

Year	Hours
2017	_____
2016	_____
2015	_____
2014	_____
2013	_____

SECTION 6 - English Language Proficiency

The Prince Edward Island Licensed Practical Nurses Registration Board requires that all applicants confirm English language proficiency. If your first language is not English, you are required to successfully demonstrate an English language proficiency.

My first/primary language is English. YES NO

I am currently registered as an LPN in Canada (RPN in Ontario) and have satisfied my jurisdiction's language proficiency requirements. YES NO

I have graduated within the past two (2) years from a Canadian entry level nursing education program taught in English, which has been approved/recognized by my jurisdictional practical nursing regulatory body. YES NO

I graduated more than two (2) years ago, and have, in the previous five (5) years, been registered as an LPN in Canada (RPN in Ontario) and have accumulated at least 1,000 nursing practice hours in a Canadian health care environment where English was the official language. YES NO

SECTION 7 – Judicial or Disciplinary Declaration:

1. Have you ever been refused a nursing (LPN/RPN or RN) license, permit or registration in any province, state or country?
YES NO

2. Have you been disciplined by a registration/licensing authority for any occupation/profession in any province, state or country? YES NO

3. Have you been convicted of any indictable offence(s) for which you have not received a pardon?
YES NO

4. Are you presently the subject of an allegation, complaint or investigation for any reason whatsoever by any professional licensing authority? YES NO

5. Have you had conditions or restrictions placed on any license that you currently hold?
YES NO

6. Is there, to your knowledge any condition concerning your competence, character, capacity or conduct that may impact your fitness to practice as a Licensed Practical Nurse? YES NO

**If you have answered yes to any of the above questions, the Registrar may request additional information including a current criminal record check and / or official documentation with regards to any decisions made by another licensing authority.*

SECTION 8 – DOCUMENTATION:

The following documents must be submitted with the application:

- Original Current Criminal Record Check with Vulnerable Sector Check (within 90 days)
- Government Issued Identification with Photo (valid Canadian Passport/Driver's License)
- Proof of Legal Name (Birth Certificate and Marriage License (if applicable) or valid Canadian Passport)

SECTION 9 - APPLICATION FEES:

Application Fees are accepted in Canadian funds only and are non-refundable.
Application Fee is \$150.00.

The application fee must accompany the application documents. The application will not be processed until the application fee has been paid in full.

The fee is payable by Interac e-Transfer, Money-Order, Visa, MasterCard. Cash will only be accepted in person. Please send Interac e-Transfer to info@clpnpei.ca. Please send a separate email to kjay@clpnpei.ca with the answer to the security question.

SECTION 10 – PERSONAL DECLARATION:

I authorize the Registrar to investigate and obtain, from any person or persons, such information as may be required in relation to this application. I certify that the statements made by me in the application are true and complete. I am aware that misrepresentation or falsification may result in rejection of my application of registration. I will immediately report to the Registrar anything that would alter my responses to any of the questions contained in this application.

I understand that I must be current and competent in my practice to safely provide nursing services to the residents of Prince Edward Island. This is my professional responsibility for which I am held accountable through the PEI Regulated Health Professions Act & PEI Licensed Practical Nurse Regulations and my regulatory body, the College of Licensed Practical Nurses of Prince Edward Island (CLPNPEI). I understand that as a Licensed Practical Nurse I must use the Code of Ethics in conjunction with my professional standards and competencies, workplace policies, and legal requirements to guide my practice and behavior. In achieving these requirements, I will fulfill my contract with CLPNPEI for professional and ethical practice.

Signature of Applicant: _____

Date of Application: _____

<u>OFFICE USE ONLY</u>	
Date Application Fee Received _____	
Interac e-Transfer <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit <input type="checkbox"/>	
Date License Fee Received _____	
Interac e-Transfer <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit <input type="checkbox"/>	
Date License is issued _____	