

Graduate Practical Nurse Certificate of Registration Application Form

SECTION 1 – Personal Information:

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

Previous Legal Last Name(s): _____

Full Mailing Address: _____

Email Address: _____

Home Phone: _____

Canadian Citizen: YES NO

Cell Phone: _____

Gender: _____

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

SECTION 2 - Nursing Education:

Holland College Practical Nursing Program Campus: Charlottetown Summerside

Start Date: _____ Completion Date: _____

SECTION 3 - Nursing Examination:

Date CPNRE was Written: _____

Writing Center Location: _____

SECTION 4 – English Language Proficiency:

The College of Licensed Practical Nurses of Prince Edward Island 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

SECTION 5 – 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 ability 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 6 – 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 (Passport/Driver's License)
- Proof of Legal Name (Birth Certificate and Marriage License (if applicable) or Passport)
- Confirmation of Successful Completion of Practical Nursing Program

SECTION 7 Fees:

Fees are accepted in Canadian Funds only and are non-refundable.

- Graduate Practical Nurse Certificate of Registration Fee \$350.00.

The fees are payable by Interac e-Transfer, Debit, Visa, MasterCard. Personal Cheques will not be accepted. 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 8 – Employer Information:

Name of Employer/Facility: _____

Name of Supervisor/Nurse Manager: _____

Contact information for Supervisor: Phone number _____

Email Address _____

SECTION 9 – 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: _____

OFFICE USE ONLY

Date GPN Certificate of Registration Fee Received _____

Method of Payment: Interac e-Transfer Visa MasterCard Debit Cash

Date GPN License is issued _____