

## 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 – Currency Requirement**

As per the Regulated Health Professions Act Licensed Practical Nurse Regulations, applicants shall meet one of the following requirements to demonstrate currency of professional knowledge and skills:

- (a) Successful completion of an approved practical nursing program not more than two years prior to the date of the application;
- (b) Successful completion of a refresher program satisfactory to the register not more than two years prior to the date of the application;
- (c) Active practice of practical nursing without any restrictions for at least 1,000 hours during the previous five years

Year	Hours
20____ (Current year)	_____
20____	_____
20____	_____
20____	_____
20____	_____

## **SECTION 6 - English Language Proficiency**

CLPNPEI requires that all applicants confirm English language proficiency. If your first language is not English, you are required to successfully demonstrate 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 have graduated from a program outside of Canada that was considered substantially equivalent to a Canadian entry level nursing education program. 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 hours of active practice of practical nursing without any restrictions 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, Visa, MasterCard. Please send Interac e-Transfer to [info@clpnpei.ca](mailto:info@clpnpei.ca). Please send a separate email to [kjay@clpnpei.ca](mailto: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: \_\_\_\_\_

**OFFICE USE ONLY**

Date Application Fee Received \_\_\_\_\_  
Interac e-Transfer  Money Order  Cash  Visa  MasterCard  Debit

Date Registration Fee Received \_\_\_\_\_  
Interac e-Transfer  Money Order  Cash  Visa  MasterCard  Debit

Date Certificate of Registration is issued \_\_\_\_\_