

## TEMPORARY EMERGENCY REGISTRATION APPLICATION FORM

Temporary Emergency Registration with CLPNPEI is for the purpose of LPNs who will be practicing for a short period of time during a public health emergency. Temporary Emergency Registration is valid for 60 days from the date of issue and may be extended by the Registrar.

The following steps/procedures must be followed when applying for special registration with the College of Licensed Practical Nurses of Prince Edward Island (CLPNPEI).

Complete and return to CLPNPEI with

- copy of government-issued identification with your photo on it (such as a photocopy of your passport photo page or driver's license);
- copy of registration from current jurisdictions where you are registered.

We will notify you as to your eligibility for registration once your application is reviewed.

Name: \_\_\_\_\_  
Surname
Given Names
Birth/Former Name(s)

Full Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Gender  Female  Male  
Month/Day/Year

Name of Current Employers	Position	Dates	Hours (last 5 years)
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had any conditions placed on your registration or had your registration suspended, cancelled, revoked or terminated for reasons of incompetence or misconduct?  Yes  No

Have you ever been disciplined by a registration or licensing authority?  Yes  No

Are you proficient in English?  Yes  No

Are you entitled to work in Canada? (citizenship, work permit, work visa)  Yes  No

Have you been convicted of an indictable offence for which you have not received a pardon?  Yes  No

**By signing this application form:**

I authorize CLPNPEI to carry out the procedures necessary for the assessment of my eligibility for registration. This includes making copies of my application documents for the purpose of assessment and/or contacting the institutions or authorities stated on this application to verify the authenticity of my documents and the information provided regarding regulatory bodies, and employers listed in my application.

I declare that all of the information I have provided on this form is complete and truthful.

I understand that CLPNPEI will immediately:

1. stop the assessment of my application and
2. that my application for assessment will be cancelled, registration will be refused, and I will be banned from applying to the CLPNPEI in the future if:
  - a. I have provided any inaccurate information; or
  - b. I have omitted required information; or
  - c. the CLPNPEI determines that any documents submitted during the application or assessment process have been altered, tampered with or forged.

This applies to all documents received during the application process. CLPNPEI will retain all documents submitted with my application.

I understand that in order to practice nursing in Prince Edward Island, I am required by law to hold a registration with CLPNPEI before I commence employment, including any orientation.

I have read and understand the above and the information on this form and agree to the terms stated herein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date