

VERIFICATION OF REGISTRATION FORM

You must provide registration information from the licensed practical nursing and / or registered practical nursing regulatory authority (s) where you are currently licensed / registered and where you were previously licensed/ registered.

SECTION A: THIS SECTION TO BE COMPLETED BY THE APPLICANT

First Name: _____

Middle Name: _____

Last Name: _____

Previous Legal Last Name(s): _____

Mailing Address: _____

Email Address _____

Home Phone: _____ Cell Phone: _____

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

I hereby authorize the regulatory authority _____

in the province of _____ to send the required

documentation directly to the College of Licensed Practical Nurses of Prince Edward Island.

Signature of Applicant _____

SECTION B: THIS SECTION TO BE COMPLETED BY THE REGISTRAR OR DESIGNATE

Name of nursing school/nursing education institution: _____

Location of nursing school: (City, Province/State, Country) _____

Program start date: (MM/DD/YYYY) _____

Completion/Graduation date: (MM/DD/YYYY) _____

Transcripts received: YES ____ NO ____ Transcript date: (MM/DD/YYYY) _____

Name of nursing program: _____

Type of program completed: Diploma ____ Degree ____ Other: _____

Name of credential obtained: Practical Nurse ____ Registered Nurse ____ Associate ____

Nurse registration/licence number: _____

Date first registration/licence issued: (MM/DD/YYYY) _____

Date registration/licence expires or expired: (MM/DD/YYYY) _____

Method by which registered: Examination ____ Endorsement ____

Type of nursing registration/licensing examination: CPNRE ____ NCLEX ____ Provincial exam ____

Date passed examination: (MM/DD/YYYY) _____

Registration/Licence type: Active Practicing Conditional Inactive

Registration/Licence Status: Current Expired

Nursing registration/license is the subject of a current investigation, outstanding and/or unresolved complaint related to nursing practice? YES ____ NO ____

If yes, explain:

Nursing registration/licence ever encumbered, suspended, surrendered, revoked or denied?

YES ____ NO ____

If yes, explain:

Any current limitations/conditions/restrictions on nursing registration/license whether voluntary or not?

YES ____ NO ____

If yes, explain:

SECTION C: AUTHORIZATION

Jurisdiction: _____

Name: _____ Position: _____

Signature: _____ Date Signed: _____