ALBERTA PRACTICAL NURSE STUDENTS
TEMPORARY & CPNRE REGISTRATION

APPLICATION INSTRUCTIONS
Effective Date: January 1, 2017

This instruction guide provides general information to assist you in the application process. Information in this guide is subject to change without notice.

If you still have questions or concerns, please visit www.clpna.com or contact Student Services by email studentservices@clpna.com or phone toll free within Alberta 1-800-661-5877
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Temporary Registration
A new graduate from an Alberta program that has been approved by the CLPNA Council is eligible to apply for a Temporary Practice Permit. Temporary Practice Permit allows a registrant to work as a Licensed Practical Nurse (LPN) under supervision while waiting to successfully complete the Jurisprudence Examination and the Canadian Practical Nurse Registration Examination (CPNRE). A Temporary Practice Permit is issued until December 31 and is eligible for extension up to 365 days. If you are eligible for extension you will be contacted by the Registration Department in early October to pay for the upcoming Registration year.

If you are looking to only write the CPNRE and are not planning on practicing as an LPN, please contact studentservices@clpna.com and request a CPNRE only package.

Scope of Practice
The Temporary Registrant is recognized as a Licensed Practical Nurse and may carry out the competencies of an entry level practitioner. The Temporary Practice Statement is included in this package and is available on the CLPNA website of www.clpna.com. Please contact CLPNA if you have any questions regarding this Practice Statement.

Practical Nurse Programs that have been approved by CLPNA Council in 2016
Refer to the CLPNA website for a current list of approved programs.

Applying for Temporary Registration
Your Temporary Practice Permit will not be issued until all of the required documentation has been received.

Submit to the CLPNA Directly

Your application can be brought in person at the CLPNA office, by mail, courier, or scan and email to studentservices@clpna.com. Faxes are not accepted.

☐ Complete the Temporary & CPNRE Registration Application
☐ Copy 2 pieces of valid identification – 1 must be photo ID.
  Acceptable pieces of ID include:
  o Birth Certificate
  o Passport (photo ID)
  o Driver’s License (photo ID)
  o Citizenship Card (photo ID)
  o Alberta Identification Card (photo ID)
  o Permanent Resident Card
  If you do not have two pieces of ID or your ID is expired - delays in processing your application may result.
☐ Criminal Record Check issued within the past 6 months
☐ Temporary Registration/CPNRE Fee $700.00  ** It is the CLPNA policy that registration fees are non-refundable. **

Methods of Payment:
  o Visa or MasterCard (form is available at the end of this document)
  o Certified Cheque or Money Order
  o Cash and Debit Cards available at the CLPNA office

Submit to your Educational Facility

These can take anywhere from 2-6 weeks after your program completion date. Your educational facility is responsible for issuing the transcript. CLPNA is unable to contact them on your behalf due to privacy legislation.

☐ Request for Official Nursing Educational Transcript Form
Declarations
If you answered ‘yes’ to any of the questions on the declarations page, you are required to provide a brief description on the subject. If you have a criminal record you must send a Criminal Record Check obtained by the RCMP with your application. You may be required to submit further documentation and your application will need to be reviewed by the Registrar. Please contact CLPNA if you have any questions regarding the declarations.

Criminal Record Check (NEW)
If your application is received on or after February 1, 2017 you are required to submit a criminal record check in order to consider your application for registration. The criminal record check must be original and completed within the last 6 months. The criminal record check should be completed by the jurisdiction in which you reside.

Practice Permit and Tax Receipts
You will receive notification by email once your Temporary Practice Permit has been issued. At that time you will be given a username and password where you can login at https://www.myclpna.com and print your practice permit through the ‘Permits & Receipts’ tab. Your official tax receipt will be attached to this permit. The tax deductible portion of the registration fees are $350.00. You will also find a tax receipt for the CPNRE. The tax deductible portion of the exam fee is $200.00.

myCLPNA Login
Remember to keep your username (also your Registration number) and password in a safe place. You will need it to access your exam results. In accordance with the Health Professions Act, members are responsible to notify CLPNA of any changes to their contact information such as address, phone number and email address. Please login to update this information at any time.

Conditions
Your practice permit is issued with the conditions of CPNRE and Jurisprudence. You must successfully complete both of these Registration Examinations to be eligible for an Active Practice Permit.

Jurisprudence Examination
The Jurisprudence Exam information is included at in this package as separate instructions.

Canadian Practical Nurse Registration Examination (CPNRE)
The CPNRE is online and is administered in testing centres operated by Pearson VUE. Based on the date your application is received you will be assigned to a testing window. The testing windows for the next exam writes are as follows:

<table>
<thead>
<tr>
<th>Completed Application Deadline Date</th>
<th>Testing Window</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 10 - December 30, 2016</td>
<td>January 16 – February 12, 2017</td>
</tr>
<tr>
<td>December 31 - May 5, 2017</td>
<td>May 22 – June 18, 2017</td>
</tr>
<tr>
<td>May 6 - September 8, 2017</td>
<td>September 25 – October 22, 2017</td>
</tr>
</tbody>
</table>

No earlier than 90 days before the testing window opens you will receive an email with a unique identifier and instructions with how to go online and register for an exam through Pearson VUE. Pearson VUE does have a booking fee, you can also download their booking scheduling guide. You will be able to book your own date, time and location for the CPNRE within the choices offered by Pearson VUE. Any changes to the date and time of your exam within your testing window will be managed online through Pearson VUE.

The exam testing agency, ASI, has developed tools to assist candidates with preparing for the CPNRE. They are available to purchase online at www.cpnre.ca. Please visit that website for more information; CLPNA does not have these items on hand to purchase. In addition you are encouraged to familiarize yourself with the exam blueprint.
Are there materials available to assist with studying for the CPNRE?
The exam testing agency, ASI, has developed two tools to assist candidates with preparing for the CPNRE. CPNRE Predictor Test & CPNRE Prep Guide, please visit the website for more information. CLPNA does not have these items on hand to purchase. You can also check your College’s book store or Chapters for the Prep Guide. The CLPNA has some information on preparing for the exam, go to the New Grad section of the website for more information.

Exam Prep Advice - For those students who are nervous or experiencing test anxiety, here are some helpful hints!

Preparation Can Help
Preparation is the best way to minimize irrational anxiety. Consider the following:
- Avoid “cramming” for a test. Trying to master a semester’s worth of material the day before the test is a poor way to learn and can easily produce anxiety. This is not the time to try to learn a great deal of material.
- Combine all the information you have been presented throughout the program and work on mastering the main concepts of the course.
- When studying for the test, ask yourself what questions may be asked and try to answer them by integrating ideas from lectures, notes, texts and supplementary readings.
- If you are unable to cover all the material given throughout the program, select important portions that you can cover well. Set a goal of presenting your knowledge of this information on the test.

Changing Your Attitude
Improving your perspective of the test taking experience can actually help you enjoy studying and may improve your performance. Try the following:
- Remember that the most reasonable expectation is to try to show as much of what you know as best as you can.
- Avoid thinking of yourself in irrational, all or nothing terms.
- Reward yourself after the test – take in a movie, go out to eat or visit with friends.

Don’t Forget the Basics
Students preparing for tests often neglect basic biological, emotional and social needs. To do your best, you must attend these needs. Think of yourself as a total person – not just a test taker. Remember to:
- Continue the habits of good nutrition and exercise. Continue your recreational pursuits and social activities – all contribute to your emotional and physical well-being.
- Follow a moderate pace when studying, vary your work when possible and take breaks when needed. Get plenty of sleep the night before the test – when you are overly tired you will not function at your absolute best.
- Once you feel you are adequately prepared for the test, do something relaxing.

The Day of the Test
Eat well - Studies show that you need good nutrition to concentrate and perform your best. If you are sick, bring any medications, cough candies, Kleenex you may need. Read and listen to the directions - never assume that you know what the directions say. Identify key words - This will help you focus on the main idea of challenging questions.

Special Accommodations Requests for the CPNRE
Requests for Special Accommodations must be submitted along with your temporary registration application forms in writing to the CLPNA. Your written request should indicate the nature of the accommodations you require. Upon receipt of your application and request, CLPNA will send out a letter indicating what further information is required to assess your application. In most cases, we require the following information:
• As stated above, a written request must be sent in by the candidate indicating the nature of the accommodations requested for the CPNRE. Also, it must identify role expectations of a Licensed Practical Nurse, and if the candidate is mentally and physically capable to meet those demands. This request is normally one to two pages in length.

• A formal diagnosis from a regulated health professional on the specific disability including a documentation completed and signed by a professional familiar with the candidate’s disability and how it relates to the need for special accommodations in a test situation and the how the disability would impact nursing practice. (Please provide an Educational Psychological Report within the last 3 years.)

• Evidence from the Practical Nurse Program Chair that Special Accommodations were provided throughout the education program.

• Documentation must indicate whether the clinical instructors are confident the student can provide safe and competent care in any health care setting.

• This request can be mailed or emailed to CLPNA with your application forms.

Unable to Write
If for any reason you are unable to write the CPNRE on the date you have booked through Pearson VUE and are unable to rebook to a suitable date within your assigned testing window contact Student Service at studentservices@clpna.com to discuss options. Note that once you receive your temporary practice permit the fee is non-refundable.

Compassionate Leave or Missing your Testing Window
Compassionate leave requests can only be considered before you write the exam. Once you write the exam it is considered an exam attempt and the exam mark will be considered valid.

Exam Results
Exam results will be made available to the candidate within 4-6 weeks from the date you write. They will be posted on your online profile and you can access them through your MyCLPNA login. There is no paper copies of results provided. CLPNA makes every effort to get exam results out in a timely manner.

I was Unsuccessful on the Exam
If you are unsuccessful on the exam in your first or second attempt you will be given the opportunity to re-write the CPNRE during the next testing window. In the results package that is sent to candidates, there will be a re-write application form that needs to be filled out and submitted with payment to the CLPNA by the deadline date indicated. If you are unsuccessful on your third attempt you are required to repeat a practical nurse program in order to pursue a career as a practical nurse in Alberta.

Expired Practice Permit
Should your practice permit expire prior to having written the CPNRE three times you will be allowed to continue to attempt the CPNRE. You will be unable to practice as an LPN. Upon receipt of the successful CPNRE results, CLPNA will send you a reinstatement package to apply for reinstatement of your Practice Permit. You will be required to complete the package and pay the required fee to apply for reinstatement.

Practice Permit Renewal
Once you have successfully completed the CPNRE and Jurisprudence Exam your Temporary Practice Permit will be converted to an Active Practice Permit. You are required to renew your practice permit on an annual basis. If you are writing the exam in the fall writing window you are still required to renew.

Expect your renewal information letter to arrive just before October 1st annually. If you do not receive an email, please contact the CLPNA at 1-800-661-5877 or email info@clpna.com. Renewal opens October 1 each year and closes December 31 for the upcoming calendar year. Practice permits are effective January 1 to December 31.
TEMPORARY & CPNRE APPLICATION
AB PRACTICAL NURSE STUDENTS

APPLICATION FOR REGISTRATION

PERSONAL (Please Print)

Current Legal Surname (Last Name) ________________________________

Given Name (First Name) _________________________________________

Middle Name(s) ________________________________________________

Maiden Name __________________________________________________

Date of Birth (dd/mm/yy) _________________________________________

Sex ☐ Female ☐ Male

Apartment / Box No. / Address or Street No. ________________________

City / Town / Village ____________________________________________

Province/State ___________________________ Country ___________________________

Postal Code / Zip Code __________________________________________

Telephone No. __________________________________________________

Cell No. _______________________________________________________

Primary Language ______________________________________________

E-mail Address (MANDATORY) _____________________________________

PERSONAL DECLARATION (check applicable answer)

For more information on the CLPNA’s authority to request an applying member to self-declare, visit www.clpna.com; Practice Policy - Personal Declaration for Registration Requirements which is linked to three supportive documents to enhance the LPN’s understanding of Interpretive Document-Duty to Report, Interpretive Document-Fitness to Practice and Incapacity, and Practice Guideline-Preventing Nurse-to-Client Transmission of Blood-Borne Virus and Other Communicable Diseases. If any circumstances change throughout the year, you are required to contact CLPNA.

1. Have you ever applied for registration in Alberta before? ☐Yes ☐No

2. Have you applied for registration in any Canadian province or territory? ☐Yes ☐No

3. Have you ever been denied registration/licensure by a registration/licensing authority for nursing in Alberta or any other any other health profession in Alberta or any other province, territory, state or country? ☐Yes ☐No

4. Have you ever been subject to any investigative proceedings with respect to unprofessional conduct, incompetence, or incapacity in nursing by any regulatory or legislative body, in Alberta or any other province, territory, state or country? ☐Yes ☐No

5. Are you currently under investigation, or involved in any proceedings, which could or has resulted in the encumbrance of your nursing registration by
   a. A registration/licensing authority for nursing LPN/RPN/RN in any province, territory, state or country? ☐Yes ☐No
   b. Another health profession (other than nursing) in any province, territory, state or country? ☐Yes ☐No
   c. Any other profession in any province, territory, state or country? ☐Yes ☐No

6. Are you currently charged with a criminal offense? ☐Yes ☐No

7. Have you pleaded guilty or been found guilty of a criminal offence for which a pardon has not been granted? ☐Yes ☐No

8. Do you have any physical or mental condition or disorder that may impair your ability to provide safe, competent and ethical care? ☐Yes ☐No

If you have answered yes to question 8, answer the questions below otherwise leave questions (a) and (b) blank.
   a. If “Yes”, are you under the care of a physician or healthcare team? ☐Yes ☐No
   b. If “Yes”, are you following medical advice? ☐Yes ☐No
(Please Print: If you answered ‘YES’ to any question on the Personal Declaration, provide a brief explanation.)

NURSING EDUCATION (Please Print: Provide all nursing programs taken, including both basic and refresher programs.)

<table>
<thead>
<tr>
<th>Name of Nursing Program</th>
<th>Language of Instruction</th>
<th>Start Date (dd/mm/yy)</th>
<th>Completion Date (dd/mm/yy)</th>
<th>Credential Received (example; Degree, Diploma, Certificate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Educational Institution</td>
<td>Address(Street No./City/Province/Country)</td>
<td></td>
<td></td>
<td>Phone (including area code)</td>
</tr>
</tbody>
</table>

ADDITIONAL NURSING EDUCATION (Please Print: Provide all post basic programs and/or courses completed, including any International Nursing Education.)

<table>
<thead>
<tr>
<th>Name of Credential Received</th>
<th>Institution Name and Country</th>
<th>Graduation/Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Educational Institution</td>
<td>Address(Street No./City/Province/Country)</td>
<td>Phone (including area code)</td>
</tr>
</tbody>
</table>

CPNRE EXAMINATION TESTING WINDOW – INFORMATION ONLY

<table>
<thead>
<tr>
<th>Application Received Between</th>
<th>Testing Window</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 10 - December 30, 2016</td>
<td>January 16 – February 12, 2017</td>
</tr>
<tr>
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<td>May 22 – June 18, 2017</td>
</tr>
<tr>
<td>May 6 - September 8, 2017</td>
<td>September 25 – October 22, 2017</td>
</tr>
</tbody>
</table>

ADDITIONAL APPLICATION REQUIREMENTS (You must also submit the following with your application form or it may be considered incomplete, please verify.)

- I have included a clear copy of my birth certificate and/or passport. (Mail or Email info@clpna.com; Do Not Fax)
- I have included a clear copy of my driver’s license, citizenship card, and/or permanent residence card. (Mail or Email; Do Not Fax)
- I have included the $700.00 non-refundable application fee. Credit card authorization form is the last page of application.
- I have included an original criminal record check issued within the past 6 months.
Fee Schedule - Option #1
For Registrations effective January 1, 2017 to July 31, 2017

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Registration Fee</td>
<td>$350</td>
</tr>
<tr>
<td>CPNRE Fee</td>
<td>$295</td>
</tr>
<tr>
<td>USB Key</td>
<td>$30</td>
</tr>
<tr>
<td>Initial Fee</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$700</td>
</tr>
</tbody>
</table>

Fee Schedule - Option #2
For Registrations effective August 1, 2017 to December 31, 2017

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Registration Fee</td>
<td>$175</td>
</tr>
<tr>
<td>CPNRE Fee</td>
<td>$295</td>
</tr>
<tr>
<td>USB Key</td>
<td>$30</td>
</tr>
<tr>
<td>Initial Fee</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$525</td>
</tr>
</tbody>
</table>

The CLPNA will not process a Registrations Application earlier than 3 months prior to the effective date of the Practice Permit

PRIVACY STATEMENT

☐ I acknowledge that the information contained in this form is being collected and will be used for the purpose of assessing my application for registration. This information will be maintained on my file and may also be used to assess my application for renewal of my practice permit in the future or for the purpose of a discipline proceeding under Part 4 of the Health Professions Act. The information contained in this form will only be disclosed pursuant to the provisions in the Health Professions Act, the Personal Information Protection Act, as otherwise required by law, unless your consent to disclose the information has been obtained.

CONSENT TO REVOCATION/SUSPENSION OF REGISTRATION

☐ I acknowledge and agree that the College may, at its option, immediately revoke, suspend or refuse to renew my registration if any information contained in this application is inaccurate or incomplete until such that the College has had the opportunity to reconsider my application. I agree to provide any additional information that may be required by the College to consider my application for registration. I agree to return my registration and licensure to the College as requested in the event that my registration is revoked or suspended. I also acknowledge and agree that I may be subject to disciplinary action, irrespective of whether my registration is revoked or suspended with the College, if I fail to provide current, correct and complete information to the College in respect to my application for registration.

REGISTRATION DECLARATION

☐ I declare that all of the information on this form is current, correct and complete. I declare that all documents submitted with this application to the College are authentic true originals or true copies of original documents. I declare that I am of good character and am fit to practice, consistent with the responsibilities, ethics and standards expected of a Licensed Practical Nurse. I hereby certify that I am the person making application for registration as a Licensed Practical Nurse in Alberta and that all statements are true and complete in every respect. I understand that omission, inaccuracy, and falsification of information on this application may result in the cancellation of my application for registration or cancellation of any registration, which may be issued. I understand that my application for assessment of eligibility and/or registration is considered lapsed if required documentation is not received in the CLPNA office and I have not obtained registration within two (2) years from my application date. I understand that after the two (2) years have lapsed I am required to reapply.

RELEASE OF CPNRE RESULTS

☐ I acknowledge and agree that the College may release my CPNRE marks to my educational facility for statistical purposes.

Applicant Signature (do not print) ____________________________  Date (dd/mm/yy) ____________________________
Credit Card Authorization

**PAYMENT INFORMATION (please print)**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Amount:</th>
<th>Payment Description:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>TEMPORARY &amp; CPNRE APPLICATION FOR REGISTRATION FEES</td>
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</table>

<table>
<thead>
<tr>
<th>Payment Description:</th>
<th>TEMPORARY &amp; CPNRE APPLICATION FOR REGISTRATION FEES</th>
</tr>
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</table>

**PERSONAL INFORMATION (please print)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>City:</th>
<th>Province:</th>
<th>Postal Code:</th>
<th>Phone:</th>
<th>Cell:</th>
<th>Email:</th>
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For privacy and security reasons, once payment is processed the below section will be destroyed.

**CREDIT CARD INFORMATION (please print)**

<table>
<thead>
<tr>
<th>Cardholder Name:</th>
<th>Credit Card #:</th>
<th>Expiry Date:</th>
<th>Month:</th>
<th>Year:</th>
<th>Credit Card Type:</th>
<th>Visa</th>
<th>MasterCard</th>
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<tr>
<th>Signature:</th>
<th>Date:</th>
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TEMPORARY & CPNRE APPLICATION
FOR PRACTICAL NURSE STUDENTS

REQUEST FOR TRANSCRIPTS

Complete Section 1 and forward to your nursing school(s) to complete Section 2. Once completed the original transcripts must be mailed or couriered directly from the nursing school(s) to CLPNA.

SECTION 1 (completed by applicant)

**PERSONAL (Please Print)**

<table>
<thead>
<tr>
<th>Current Legal Surname (Last Name)</th>
<th>Given Name (First Name)</th>
<th>Middle Name(s)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Maiden Name</th>
<th>Date of Birth (dd/mm/yy)</th>
<th>Sex</th>
<th>Female</th>
<th>Male</th>
</tr>
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<tbody>
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<thead>
<tr>
<th>Apartment / Box No. / Address or Street No.</th>
<th>City / Town / Village</th>
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<table>
<thead>
<tr>
<th>Province/State</th>
<th>Country</th>
<th>Postal Code / Zip Code</th>
<th>Primary Language</th>
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<th>Telephone No.</th>
<th>Cell No.</th>
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E-mail Address

**CONSENT TO RELEASE INFORMATION**

I am seeking registration as a Licensed Practical Nurse in Alberta. I authorize ______________________ (name of Nursing School) to complete Section 2 of this form and mail the required documentation directly to the College of Licensed Practical Nurses of Alberta (CLPNA).

<table>
<thead>
<tr>
<th>Applicant Signature (do not print)</th>
<th>Date (dd/mm/yy)</th>
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**SECTION 2**

Please send Official Nursing Transcripts (with Diploma Granted date indicated) directly to CLPNA.

*It is not necessary to attach this form to the Transcripts.*

CLPNA
St. Albert Trail Place
13163 146 ST
Edmonton AB T5L 4S8