OUT OF PROVINCE PRACTICAL NURSE

APPLICATION INSTRUCTIONS
Effective January 1, 2017

This instruction guide provides general information to assist you in the application process. Further information will be provided when your application has been assessed to determine eligibility for registration. Information in this guide is subject to change without notice.
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This guide provides information on how to apply to become registered as a Licensed Practical Nurse (LPN) in Alberta. If you require additional information please, contact our office at registration@clpna.com.

These instructions will explain how to complete and submit the forms in the Application Package. Carefully read these instructions to avoid unnecessary delays.

Key points to consider before starting the application process:

- To be eligible to apply for registration, you must have obtained registration as an LPN in Canada (RPN in Ontario) or have completed a Canadian PN program and have passed the CPNRE.
- If you are not a new graduate, you are required to have obtained nursing hours in the past 4 years or have current registration in another Canadian jurisdiction.
- Completion and submission of each form in the application package is required.
- All documentation must be translated to English prior to submission to CLPNA.
- When completing forms, print legibly using black ink.
- You have a period of one year, from the date your application file is opened, to complete the application process. Your assessment letter will have a deadline date within it that must be adhered to.

1. APPLICATION FOR REGISTRATION

Complete this four page form and submit directly to CLPNA along with the additional information required.

**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.

**Personal/ Declaration**
Complete personal information carefully and clearly, please print.
- Provide a valid email address (mandatory) because communications and information will be sent to you by email.

Read the questions carefully.
- If you have answered “Yes” to any questions, write a brief explanation on the space provided.
- You will be notified, if any further documentation is required.

**Nursing Education**
Provide all the information requested regarding your original nursing education.
- If you have successfully completed additional nursing education, such as courses not originally included in your nursing program, you must provide the information required under the “Additional Nursing Education” section of the form. This will assist CLPNA in the assessment of your nursing education and experience. You do not need to send any additional documents for post-basic nursing education until requested to do so by CLPNA.

**Initial Nursing Registration**
Provide all information requested regarding your initial (original) place of nursing registration.
- Indicate the province/state/country where you obtained your initial registration.

**Current Nursing Registration**
Provide all information requested regarding your current nursing registration.
- If you are currently registered with the same nursing board as your initial registration, you must provide the information required.
- If you are currently registered with more than one nursing board, provide the information for each of the nursing boards.
- If you are currently not registered anywhere, provide the information of the last nursing board you were registered with.
Nursing Employment History
Provide information for all nursing employment in the past four years.

Additional Application Requirements
Use the checklist provided on page 3 of the Application for Registration to verify what you need to submit.

Registration Declaration
Read carefully, sign and date your Application for Registration prior to submitting to CLPNA.

2. OUT OF PROVINCE LICENSED PRACTICAL NURSE APPLICATION PROCESSING FEE

Submit payment of $210 to CLPNA. Options for application fee payment are as follows:
- Complete the Credit Card Authorization form included with the application package.
- Bank draft, or money order, made payable to CLPNA.
- Cash or Debit, if paying in person at CLPNA office. (Do not mail)
- Ensure fees are in Canadian Funds.
- Application Fees are non-refundable.

Online profile
Once the Application for Registration form and $210 Application fee is received, an online profile will be created and your login instructions and information will be emailed to you. This profile will enable you to check the documents received and outstanding for your application. It is your responsibility to check the status and follow-up on the documents outstanding for your application.

3. VERIFICATION OF REGISTRATION

The purpose of this form is to verify initial and current nursing registration.
- Current nurse registration in any province/state.
- If you are a Canadian LPN new graduate and have successfully completed the CPNRE, request the regulator in your home jurisdiction to complete this form and send it to our office. They should provide all of the information with exception to the registration information portion.
- These documents may be received from the other regulator by mail or email.
- You may need to make more than one copy of the Verification of Registration form depending on how many board(s) in which you have current registration as a nurse.

Section 1
Complete this section to authorize the board(s) to provide the necessary registration information to CLPNA. Send the completed form to the appropriate nursing board(s) to complete Section 2.

Section 2
The board will complete Section 2 and mail the form directly to the CLPNA office.

4. VERIFICATION OF NURSING EDUCATION
(Required if graduated prior to 2009 or upon request by CLPNA)

The purpose of this form to verify you have completed nursing education.
Section 1
Complete this section to authorize the school(s) to provide the necessary information to verify nursing education. Send the completed form to the appropriate educational institution to complete Section 2.

Section 2
The school will complete Section 2 and mail the forms to the CLPNA office.
- Please ensure that the documentation submitted to CLPNA has been translated into English if the original is in a different language.
- Photocopies and/or faxes of this form from the school will not be accepted.

5. Declaration of Employment Hours
The purpose of this form is to verify nursing practice hours that you have acquired in the previous four (4) years.

   Section 1
   Complete this section to disclose the employers, dates worked, position title, and hours worked.

   Section 2
   Declaration of hours – this must be signed and dated to proceed with your application. You must attest that the information you have provided is true and accurate to the best of your knowledge. CLPNA reserves the right to verify practice hours with current and past employers.

6. SPECIALIZED PRACTICE DECLARATION (Specialized Nursing Competencies)
In Alberta, certain areas of practice are considered specialized nursing competencies. For an individual to work in a specialized area of practice, authorization must be granted by CLPNA. If you do not have a specialized practice area of practice (indicated below), you are not required to complete this form.

   • Read the Specialization Information form carefully to determine if you require authorization.
   • Submit the appropriate documentation to prove you have completed the required education.
   • Please ensure the documentation submitted to CLPNA has been translated into English if original is in a different language.
   • For more information about these specialty areas of nursing practice, please view Competency Profile for LPNs – 3rd edition available under ‘Resources’ on CLPNA’s website.
ADDITIONAL INFORMATION

Jurisprudence Exam

Prior to being approved for registration in Alberta you must complete the CLPNA Jurisprudence exam. The exam reflects the legislation, standards and ethics required by the CLPNA to practice as an LPN in Alberta.

The Jurisprudence Exam is an online, multiple choice exam with 60-70 questions. There is a 4 hour time limit to complete the exam and an unlimited amount of attempts are available. There is a $50 fee for each attempt and it is paid directly to the testing company right before the Jurisprudence Exam is attempted. You will be able to access the Jurisprudence Exam once you receive your myCLPNA login information. There is a study guide for the exam on the CLPNA website at http://www.clpna.com/members/jurisprudence-examination/

How does CLPNA assess applications for registration?

When all forms have been submitted to CLPNA, your application will be assessed to determine eligibility for registration as a Licensed Practical Nurse in Alberta.

- Assessment may take up to 10 business days.
- The assessment decision will be provided to you in writing via your email.
- If you are eligible for an Active registration, you will be advised to complete an “Initial Registration Form” and pay a registration fee of $405.00.
- Should you disagree with the decision, you may request a review by CLPNA Council. The fee for review is $750.

Determining Substantial Equivalent Competence

Substantial equivalent competence is the term used by CLPNA to describe the combination of education, experience, practice or other qualifications that demonstrates the competence required for entry-to-practice as an LPN in Alberta. CLPNA’s assessment of substantial equivalent competence involves the review of nurse registration verification and other documents which provide information regarding competence to practice. CLPNA looks for evidence that the applicant currently possesses the competencies which will allow the individual to fulfill the role and responsibilities of the LPN.

If gaps are identified in education or currency of practice (nursing hours) on review of the applicant documentation, CLPNA will decide whether additional nursing education will be required before an applicant may pursue further steps in the registration process. Depending upon the nature and extent of any identified gaps, the assigned education may be in the form of one or more nursing courses. However, if the competency gaps are extensive the applicant may be advised to complete a refresher program.

Possible assessment decisions are:

- The applicant is notified of registration eligibility to obtain an Active Practice Permit
- The applicant is notified of registration eligibility to obtain an Active Practice Permit with conditions to complete a course where an educational deficit in one or all five of Medication Administration, Infusion Therapy, Adult Health Assessment, maternity and/or pediatrics.
- The application can be deferred pending further information or assessment – such as English Language Proficiency Testing.
- The application can be denied – such as in cases of not meeting good character requirements or fitness to practice requirements.

Practice Permits with Conditions:

The following information is to provide clarity regarding the Active Practice Permit with Conditions and the parameters that must be followed, while an applicant is practicing and studying to obtain an Active Practice Permit without Conditions in Alberta. If you are issued a permit with conditions, you will need to meet the conditions within the time specified by CLPNA, or you may not be eligible to renew your Practice Permit.
Health Assessment – practical nurse programs in Canada/United States have some level of health assessment, although there are gaps in the depth of this knowledge. Individuals who are restricted in Health Assessment must work within their competence when performing assessments (supervision with another regulated health professional is recommended).

Medication Administration/Pharmacology – applicants who have not completed a formal education program in medication administration/pharmacology are NOT permitted to administer medications in Alberta until they have successfully completed the appropriate certification. If the applicant has knowledge and experience in certain elements of medication administration they must verify this with their employer and direct supervisor to identify the depth of their role in medication administration within the practice setting (i.e., administration of suppositories, creams, drops, etc.).

Infusion Therapy – applicants who have not completed formal education in infusion therapy are NOT permitted to monitor or care for infusions in Alberta until they have successfully completed the appropriate education.

Maternity/Pediatrics – the applicant is NOT permitted to be assigned to maternity or pediatric patients until conditions are completed and approved by CLPNA.

For more information and further resources contact our Out of Province Department at registration@clpna.com.
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 _______________________________

Telephone No. _______________________________ Cell No. _______________________________

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.

1. Have you ever applied for registration in Alberta previously? ☐ 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 health profession in Alberta or any other province, territory, state or country (excluding CLPNA)? ☐ Yes ☐ No

4. Have you ever been subject to any investigative proceedings with respect to unprofessional conduct, incompetence, or incapacity in nursing or any regulatory body, in Alberta or any other province, territory, state or country (excluding CLPNA)? ☐ 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? 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

If any circumstances change throughout the year, you are required to contact CLPNA.
(Please Print: If you answered ‘YES’ to any question on the Personal Declaration, provide a brief explanation.)

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

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<tr>
<th>Name of Credential Received</th>
<th>Institution Name and Country</th>
<th>Start Date and Completion Date</th>
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<tr>
<th>Name of Credential Received</th>
<th>Institution Name and Country</th>
<th>Start Date and Completion Date</th>
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INITIAL NURSING REGISTRATION (Please Print: Provide original registration information only, even if registration is no longer current.)

<table>
<thead>
<tr>
<th>Registration Type (LPN, RN)</th>
<th>Registration Status</th>
<th>Conditions/Limitations on Registration (if applicable)</th>
<th>Province/State/Country</th>
<th>Registration Number</th>
<th>Issued Date (dd/mm/yyyy)</th>
<th>Expiry Date (dd/mm/yyyy)</th>
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CURRENT NURSING REGISTRATION (Provide all places of registration (other than with CLPNA) or other regulated profession(s) (ie. registered nurse, physiotherapist, midwife, paramedic, etc.). If you are not currently registered then provide the most recent place of registration. More than 2 please provide on a separate piece of paper.)

| Registration Type (LPN, RN) | Registration Status | Conditions/Limitations on Registration (if applicable) | Province/State/Country | Registration Number | Issued Date (dd/mm/yyyy) | Expiry Date (dd/mm/yyyy) |
NURSING EMPLOYMENT HISTORY (Please Print: Provide all employers in the past 4 years. More than 4 please provide on a separate piece of paper.)

<table>
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<tr>
<th>Employer Name and Phone</th>
<th>Address</th>
<th>Unit/Area of Responsibility (check applicable boxes)</th>
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<td>Medical</td>
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<td>Community</td>
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<td>Obstetrics</td>
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<td>Gerontology/Long Term Care</td>
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<td>Pediatrics</td>
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<td>Other___</td>
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<tr>
<th>Job Title/Position</th>
<th>Status (Full-Time, Part-Time, Casual)</th>
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<th>Start Date (dd/mm/yy)</th>
<th>End date (dd/mm/yy)</th>
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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; 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 $210 non-refundable application fee. (Visa/Mastercard payable on the credit card authorization form, certified cheque or money order payable to CLPNA. Please do not mail cash.)
- I understand all my documentation must be translated to English before it is submitted to the CLPNA office.
- I have included an original Criminal Record Check that has been issued within the past 6 months. *Must be sent by mail, copies will not be accepted*
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 1 year from my application date. I understand that after 1 year has lapsed I am required to reapply.

_______________________
Applicant Signature (do not print)

_______________________
Date (dd/mm/yy)
Complete Section 1 and forward to your nursing school(s) to complete Section 2. Once completed, the form must be mailed directly from the nursing school(s) to CLPNA. Copies will not be accepted and documents must be translated to English. This form is mandatory for applicants who graduated prior to 2009. This form may be requested by the CLPNA as needed to further assess educational competencies.

SECTION 1 (completed by applicant)

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

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).

Applicant Signature (do not print)  
Date (dd/mm/yy)

SECTION 2 (completed by nursing school)

NURSING EDUCATION (Please Print)

Name of Nursing Program  
Name of Educational Institution  
Address (Street No./City/Province/Country/Postal Code/Zip Code)  
Phone (including area code)  
Language of Instruction  
Date of Admission (dd/mm/yy)  
Graduation Date (dd/mm/yy)  
Credential Received  
Degree  
Diploma  
Certificate
### NURSING COMPETENCIES CONTINUED (please check if the following competencies were part of the nursing program.)

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<thead>
<tr>
<th>Competency</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Health Assessment</td>
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<td>Medication Administration/Pharmacology</td>
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<tr>
<td>Infusion Therapy (maintenance of IV only)</td>
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<tr>
<td>Subcutaneous Injections</td>
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<tr>
<td>Pediatrics (Quebec Only)</td>
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<tr>
<td>Maternity (Quebec Only)</td>
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### ACTING ON BEHALF OF THE NURSING SCHOOL

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<tbody>
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<td>Designate Name (please print)</td>
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<td>Email</td>
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<td>Phone Number</td>
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OUT OF PROVINCE LICENSED PRACTICAL NURSE

VERIFICATION OF REGISTRATION

Complete Section 1 and forward to the appropriate registration/nursing board(s) to complete Section 2. Once completed, the form must be mailed or emailed directly from the registration/nursing board(s) to CLPNA. Copies will not be accepted.

SECTION 1 (completed by applicant)

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 _________________________________________________

EDUCATION (Please Print)

Name of Nursing Program _________________________________________

Name of Educational Institution __________________________________

Graduation Date (dd/mm/yy) ______________________________________

Educational Institution Complete Address ____________________________

REGISTRATION (Please Print)

Name of Registration/Nursing Board ________________________________

Initial Registration Date with Board (dd/mm/yy) ______________________

Registration Number ____________________________________________

CONSENT TO RELEASE INFORMATION

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

Applicant Signature (do not print) __________________________________ Date (dd/mm/yy) ______________________
### SECTION 2 (completed by registration/nursing board)

**THIS CERTIFIES THAT** (Please Print)

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<th>Given Name (First Name)</th>
<th>Middle Name(s)</th>
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<th>Completion Date (dd/mm/yy)</th>
<th>Registered by</th>
<th>Examination</th>
<th>Endorsement</th>
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<th>Educational Facility Address</th>
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<th>Initial Registration Date (dd/mm/yy)</th>
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<th>Language of Examination</th>
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<th>Results</th>
<th>Pass</th>
<th>Fail</th>
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<th>Current Status</th>
<th>Registered</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**FORMAL ACTIONS**

1. Has the applicant’s registration ever been revoked, suspended, or under review? [ ] Yes [ ] No
2. Has the applicant’s registration ever been made subject to conditions, limitations, restrictions, and/or an agreement with the board? [ ] Yes [ ] No
3. Has the applicant ever voluntarily surrendered their registration with the board and/or any other jurisdiction? [ ] Yes [ ] No
4. Has the applicant ever been denied registration? [ ] Yes [ ] No
5. Is there now or has there ever been any formal disciplinary action commenced against the applicant? [ ] Yes [ ] No
6. Have there ever been any formal sanctions imposed against the applicant as a matter of public record? (If yes, attach a certified copy of disciplinary action.) [ ] Yes [ ] No
7. Is the applicant the subject of a current investigation, proceeding, outstanding, and/or unresolved complaint against them in relation to their practice of nursing? [ ] Yes [ ] No

If “Yes” is the answer to any of the questions, please attach documentation outlining action(s) taken.

**ACTING ON BEHALF OF REGISTRATION, BOARD, OR COUNCIL**

<table>
<thead>
<tr>
<th>Signature of Registrar/Designate</th>
<th>Print Name</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Title</th>
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<table>
<thead>
<tr>
<th>Name of Licensing Authority/Jurisdiction</th>
<th>Date (dd/mm/yy)</th>
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</table>
Complete Section 1 for all employers in the past 4 years. If you have more than 2 employers please print additional forms.

SECTION 1 (completed by applicant)

PERSONAL (Please Print)

Current Legal Surname (Last Name) ______________________________
Maiden Name ________________________________________________
Apartment / Box No. / Address or Street No. ________________________
Province/State __________________________ Country ________________
Telephone No. __________________________ Cell No. _________________
E-mail Address ________________________________________________________________________________

EMPLOYMENT DETAILS (Please Print)

Facility Name _________________________________________________
Start Date (dd/mm/yy) ____________ End Date (dd/mm/yy) ____________
Job Title/Position __________________________
Supervisor Name __________________________ Supervisor Job Title/Position __________________________

Unit/Area of Responsibility (check applicable boxes)

☐ Medical ☐ Mental Health/Psychiatry
☐ Surgical ☐ Community
☐ Obstetrics ☐ Pediatrics
☐ Gerontology/Long Term Care
☐ Other __________________________

EMPLOYMENT HOURS

<table>
<thead>
<tr>
<th>Year Employed</th>
<th>Total Hours Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td></td>
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<tr>
<td>2015</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
</tr>
</tbody>
</table>
**EMPLOYMENT DETAILS (Please Print)**

<table>
<thead>
<tr>
<th>Facility Name</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (dd/mm/yy)</th>
<th>End Date (dd/mm/yy)</th>
<th>Job Title/Position</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor Name</th>
<th>Supervisor Job Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Unit/Area of Responsibility (check applicable boxes)**

- [ ] Medical
- [ ] Mental Health/Psychiatry
- [ ] Surgical
- [ ] Community
- [ ] Obstetrics
- [ ] Pediatrics
- [ ] Gerontology/Long Term Care
- [ ] Other ______________________

**EMPLOYMENT HOURS**

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 2 - Declaration**

The information contained on this Declaration of Employment Hours form is true and correct to the best of my knowledge. I make this declaration for the purpose of inducing the CLPNA to issue me an active practice permit. I understand that CLPNA may request verification from my previous or current employers at their discretion. I understand that falsification of information provided on this application form is considered unprofessional conduct as per the Health Professions Act.

Signature: ___________________________ Date: ______________________
OUT OF PROVINCE
LICENSED PRACTICAL NURSE

SPECIALIZED PRACTICE DECLARATION

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 ___________________________________________


SPECIALIZATION INFORMATION

Under the Health Professions Act, Restricted Activities are health services that pose significant risk and are identified to require a level of professional competence to be performed safely. Regulated professionals must be authorized by their College to perform Restricted Activities. Most Restricted Activities are authorized through basic LPN education; however, there are five areas of Specialized Practice that are monitored by the College of Licensed Practical Nurses of Alberta (CLPNA). The LPN must be granted authority by the CLPNA to engage in Specialized Practice in the following areas:

- Advanced Orthopedics
- Operating Room Nursing / Perioperative Nursing
- Immunization
- Advanced Foot Care
- Renal Dialysis (employer provided)

There are differences in the education for these five Specialized Practice areas.

- **Approved or equivalency** in education must be achieved in Advanced Orthopedics, Operating Room Nursing, and Immunization prior to authorization to practice these areas.
- Advanced Foot Care **recognized education or equivalency** is assessed and noted on the applicant’s file.
- Renal Dialysis education can only be authorized through **employer education** therefore cannot be assessed by CLPNA.

Please indicate if you wish to have equivalency assessed in Advanced Orthopedics, Operating Room Nursing, Immunization, or Advanced Foot Care by completing the Declaration of Specialization and requesting original educational transcripts and/or certificates to be sent to the CLPNA. **If you do not have a specialized practice area of practice, you are not required to complete this form.**

Once your specialization is approved by the CLPNA, it will be indicated on your practice permit and will be displayed on the Public Registry. For a more complete explanation of Specialized Practice Restricted Activity authorizations, view Practice Statement #7 on the CLPNA website.
### DECLARATION OF SPECIALIZATIONS (Please Print: check applicable boxes)

<table>
<thead>
<tr>
<th>Specialization</th>
<th>Educational Facility</th>
<th>Completion Date</th>
<th>Original Transcript or Certificate Submitted</th>
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</thead>
<tbody>
<tr>
<td>☐ Advanced Orthopedics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Operating Room</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>☐ Immunization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Advanced Footcare</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DECLARATION

I hereby declare 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 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.

Signature of Applicant (do not print)  __________________________

Date  __________________________

### FOR OFFICE USE ONLY

Date  __________________________

Approval  __________________________

Comments  __________________________

Alinity Entry Date  __________________________
# OUT OF PROVINCE LICENSED PRACTICAL NURSE

## CREDIT CARD AUTHORIZATION FORM

### PAYMENT INFORMATION (please print)

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<thead>
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<th>Date:</th>
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<tbody>
<tr>
<td>Payment Description:</td>
<td>OOPS APPLICATION FEE</td>
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### PERSONAL INFORMATION (please print)

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<thead>
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<tr>
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</table>

<table>
<thead>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Phone:</th>
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<table>
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<tr>
<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)

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<th>Cardholder Name:</th>
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<table>
<thead>
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<table>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>Credit Card:</th>
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<th>Mastercard</th>
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<tbody>
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<td>✔</td>
<td>✔</td>
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</table>

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
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<tbody>
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</table>