



Application for Licensed Practical Nurse Registration – Northwest Territories

<p style="text-align: center;">Provide a recent passport-type photograph of yourself (taken within the last six months)</p> <p style="text-align: center;">Application considered incomplete without photograph.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;">Last Name</td> <td style="border-bottom: 1px solid black; width: 33%;">First Name</td> <td style="border-bottom: 1px solid black; width: 33%;">Middle Name</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(Apt #)</td> <td colspan="2" style="border-bottom: 1px solid black;">(Street or postal box number)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(City, Town, Village)</td> <td style="border-bottom: 1px solid black;">(Province/State)</td> <td style="border-bottom: 1px solid black;">(Postal/Zip Code)</td> </tr> <tr> <td colspan="3">Telephone: _____ Fax: _____</td> </tr> <tr> <td colspan="3">e-Mail: _____</td> </tr> <tr> <td colspan="3"> <small>Note: License and renewal notice will be sent to this address unless otherwise advised. Advise Registrar immediately of any change of address.</small> </td> </tr> </table>	Last Name	First Name	Middle Name	(Apt #)	(Street or postal box number)		(City, Town, Village)	(Province/State)	(Postal/Zip Code)	Telephone: _____ Fax: _____			e-Mail: _____			<small>Note: License and renewal notice will be sent to this address unless otherwise advised. Advise Registrar immediately of any change of address.</small>		
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<p>Date of Birth: (mm/dd/yy) _____</p> <p>Gender: Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>Canadian Citizen:</p> <p><input type="checkbox"/> Yes (Attach copy of birth certificate or proof of citizenship)</p> <p><input type="checkbox"/> No (Attach copy of work authorization / immigration document)</p>	<p>Language Fluency:</p> <p><input type="checkbox"/> English <input type="checkbox"/> French</p> <p><input type="checkbox"/> Other, specify: _____</p>																		
<p>Location and Dates of Planned Employment in the NWT:</p> <p>Hospital/Clinic/Facility _____</p> <p>Name/Number of Contact _____</p> <p>Anticipated Start Date: _____ Note: Applicant must be fully licensed before beginning work.</p>																			
<p>Nursing Education (attach copy of diploma)</p> <p>School _____</p> <p style="text-align: center;">(Name of School / Nursing Program – City / Province Completion Date)</p> <p>Re-Entry Program Completed (if applicable)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Name of School / Nursing Program – City / Province Completion Date)</p> <p>Canadian Practical Nurse Registration Exam or CNATS Exam Year: _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/></p>																			
<p>Registration in Other Jurisdictions:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">Province/Territory /Country</th> <th style="width: 20%;">License Dates From: To:</th> <th style="width: 45%;">Registration / License Number</th> </tr> </thead> <tbody> <tr> <td>Initial:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Province/Territory /Country	License Dates From: To:	Registration / License Number	Initial:				Current:				Other:					
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Current:																			
Other:																			
<p>Experience following graduation – List all employers for previous 5 years. Total number of hours worked in immediately preceding five (5) years must be provided. Employer is required to complete Verification of Experience and Reference Report provided.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name/address of Employer(s)</th> <th style="width: 20%;">Your position</th> <th style="width: 15%;">Date – Month/Year From</th> <th style="width: 10%;">To</th> <th style="width: 20%;">Number of Hours Worked</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name/address of Employer(s)	Your position	Date – Month/Year From	To	Number of Hours Worked	1. _____					2. _____							
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1. _____																			
2. _____																			

Personal Information (Check the appropriate box. If answer is yes to any of the following questions, provide full explanation/details on a separate sheet of paper.)	Yes	No
1. Have you ever been refused a license, permit or registration in any jurisdiction?		
2. Have you ever had a practical nurse license, registration or right to practice in any jurisdiction revoked, suspended or restricted in any way?		
3. Have you ever been treated for any addictions such as alcohol abuse, drug abuse, gambling, etc.?		
4. Have you ever been convicted of a criminal offense or an offense under the <i>Narcotic Control Act</i> (Canada) or the <i>Food and Drug Act</i> (Canada) or similar laws within any other country?		
5. Are you presently the subject of an allegation, complaint or investigation for any reason whatsoever by any licensing authority?		
6. Are you aware of any inquiry likely to be made by any authority, licensing or otherwise, with respect to your conduct, personal behavior or competence?		
7. Are you affected by a physical or mental condition/illness that may affect your ability to practice nursing?		
8. Have you previously applied for, or been issued, a license or certificate of registration in the Northwest Territories? If yes, when? _____ License # (if known) _____		

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 this application are true and complete. **I am aware** that misrepresentation or falsification may result in rejection of my application or withdrawal of registration.

Signature: _____

Date: _____

When complete, forward with all required attachments, to:

Registrar, Licensed Practical Nurses
 Department of Health & Social Services
 Government of the Northwest Territories
 8th Floor Centre Square Tower (5022-49 ST)
 P.O. Box 1320, YELLOWKNIFE, NT X1A 2L9
 Telephone: (867) 920-3323

If you wish to pay your fees by Visa (sorry, Mastercard NOT accepted) complete the following: **(See list of requirements for fees.)**

Name on Card: _____

Card Number: _____

Card Expiry Date: _____

Amount: **\$50.00** _____

Authorized Signature: _____

This personal information is being collected under the authority of the *Licensed Practical Nurses Act* of the NWT and will be used to process your Application for Registration. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act* of the NWT. If you have any questions about the collection, contact the Registrar's Office.