



# APPLICATION FOR A LICENCE

NOVEMBER 1, 2023 - OCTOBER 31, 2024

☐ Licensed Practical Nurse (LPN) | ☐ Registered Nurse (RN) | ☐ Nurse Practitioner (NP)

300 - 120 Western Parkway  
Bedford, Nova Scotia B4B 0V2  
Tel: 902-444-6726  
Toll-free (NS) 1-833-267-6726  
Fax: 902-377-5188  
registration@nscn.ca

## PERSONAL

REGISTRATION #	GENDER	DATE OF BIRTH (MM/DD/YYYY)
FIRST NAME	PREFERRED FIRST NAME	MIDDLE NAME(S)
LAST NAME	SUFFIX	
APARTMENT / BOX NO. / ADDRESS OR STREET NO.		
CITY	PROVINCE	COUNTRY
POSTAL CODE	MOBILE PHONE	HOME PHONE
EMAIL		

## Spoken/Written Languages (Other Than English)

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## EDUCATION

Indicate nursing education program that led to your initial registration.

NURSING SCHOOL		
SCHOOL ADDRESS		
<input type="checkbox"/> Diploma		
<input type="checkbox"/> Baccalaureate		
<input type="checkbox"/> Master	STARTED MM/DD/YYYY	COMPLETED MM/DD/YYYY

## In-Nursing (Post Entry) Education

NURSING SCHOOL		
SCHOOL ADDRESS		
<input type="checkbox"/> Diploma		
<input type="checkbox"/> Baccalaureate		
<input type="checkbox"/> Master		

## Non-Nursing Education

SCHOOL		
SCHOOL ADDRESS		
<input type="checkbox"/> Diploma		
<input type="checkbox"/> Baccalaureate		
<input type="checkbox"/> Master	STARTED MM/DD/YYYY	COMPLETED MM/DD/YYYY

## PROFESSIONAL LICENSURE

Please enter all the jurisdictions that you have held registration/licensure with in the past 12 months. it is not necessary to include your licence information with NSCN.

PROFESSION/JURISDICTION	REGISTRATION #	PROVINCE/COUNTRY	EXPIRY DATE

## 2022/2023 EMPLOYMENT

You are required to report your **overall** employment status between **01-Nov-2022** and **31-Oct-2023**, **not necessarily your current employment status**. Please enter any employer in this period of time and ensure the information is complete and accurate. If you have formerly been employed between these dates, you must select an employment status that indicates that you have worked in this registration period.

EMPLOYMENT TYPE		
<input type="checkbox"/> Casual	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
EMPLOYED IN OTHER THAN NURSING		NOT EMPLOYED
<input type="checkbox"/> Seeking employment in nursing		<input type="checkbox"/> Seeking employment in nursing
<input type="checkbox"/> Not seeking employment in nursing		<input type="checkbox"/> Not seeking employment in nursing
Is this your preferred status? <input type="checkbox"/> Yes   <input type="checkbox"/> No		

## EMPLOYMENT

The College requires ALL registrants to ensure their employment information is accurate and current. Should any of the employment information below be inaccurate, please make the necessary changes to the employer in the section below.

### EMPLOYER

NURSING EMPLOYER		
EMPLOYER ADDRESS		CITY
PROVINCE/STATE	COUNTRY	POSTAL CODE
START DATE MM/DD/YYYY	Please enter the total practice hours for this employer from <b>01-Nov-2022</b> to <b>31-Oct-2023</b> . The number of hours can be 0 but cannot exceed 4000. Keep in mind that a whole number must be used.	

### EMPLOYMENT ROLE

Only **one** box should be checked

<input type="checkbox"/> Staff Nurse/Community Health Nurse: major role direct delivery of clinical nursing services, includes occupational and community health	<input type="checkbox"/> Clinical Nurse Specialist: provides services as advanced clinical practitioner, possibly with additional roles of researcher, educator and administrator. Master's level education	<input type="checkbox"/> Nurse Practitioner: practice includes activities within the scope of nursing practice and requires additional regulatory authority. Have met additional licensure requirements beyond RN. (You must be licensed and EMPLOYED as a Nurse Practitioner)
<input type="checkbox"/> Chief Nursing Officer/Chief Executive Officer: uppermost management and/or professional position within organization	<input type="checkbox"/> Instructor/Professor/Educator: provides nursing education to a particular target group	<input type="checkbox"/> Parish Nurse: provides nursing services with an emphasis on the theology of health and healing
<input type="checkbox"/> Director/Assistant Director: second in command to CNO or CEO	<input type="checkbox"/> Researcher: primary focus is research	<input type="checkbox"/> Other: if not already identified, provide specific details of your role/position
<input type="checkbox"/> Manager/Assistant Manager/Coordinator: responsible for management of a particular team/group delivering nursing services. Usually first-level management position	<input type="checkbox"/> Consultant: resource on specific area of nursing practice	Specify:

## PRACTICE AREA

Only **one** box should be checked

DIRECT PATIENT CARE			
<input type="checkbox"/> Medical/Surgical	<input type="checkbox"/> Community Health	<input type="checkbox"/> PeriAnesthesia/RR	<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Psychiatric/ Mental Health	<input type="checkbox"/> Ambulatory Care	<input type="checkbox"/> Emergency Care	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Home Care	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> Maternal/Newborn	<input type="checkbox"/> Occupational Health	<input type="checkbox"/> Public Health	<input type="checkbox"/> Hospice/Palliative Care
<input type="checkbox"/> Geriatric/Long Term Care	<input type="checkbox"/> Oncology	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Several Clinical Areas
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Perioperative/OR	<input type="checkbox"/> Neuroscience	<input type="checkbox"/> Telehealth
			<input type="checkbox"/> Other, specify:
ADMINISTRATION	EDUCATION	RESEARCH	
<input type="checkbox"/> Service	<input type="checkbox"/> Teaching students	<input type="checkbox"/> Nursing Research Only	
<input type="checkbox"/> Education	<input type="checkbox"/> Teaching employees	<input type="checkbox"/> Other, specify:	
<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Teaching clients		
	<input type="checkbox"/> Other, specify:		

## RELEASE OF INFORMATION FOR RESEARCH PURPOSES

NSCN requires your consent for the release of your personal information\* for research purposes. Please check either “Yes, I consent” or “No, I do not consent” below to indicate your preference.

<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent
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\* In this context, personal information means and may include the registrant’s name, mailing and e-mail addresses, languages spoken, education and employment information (i.e. full-time, staff nurse practicing at a NSHA mental health centre). All researchers sign NSCN Non-Disclosure Agreement before receiving the personal information of those registrants who have agreed to share their personal information for research purposes.

## COMMERCIAL ELECTRONIC MESSAGES

From time to time, NSCN may send registrants electronic messages that may be deemed to be of a commercial character. We carefully screen any such messages to make sure they are relevant and useful to registrants. NSCN, by the nature of its mission and your registration with us, likely has your implied consent to send you such messages. However, NSCN would rather have your express consent to send you such messages. You can unsubscribe from receiving those messages that are considered to be of a commercial nature at any time. Please signify your consent to receive such messages. (Please note that you cannot unsubscribe from messages that relate to the NSCN’s core mandate of regulating the profession.)

<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent
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## NEXT YEAR: RENEWAL INTENTION

NSCN and government are concerned about the aging nurse population and the impact on health human resources planning. There is an ongoing trend that nurses retire as full-time employees but continue to practise part-time or casual. To help us have a better understanding of our future nursing workforce we are asking you to provide your best estimate as to when you expect to stop practising as a nurse. \*Note: we know that plans can change; the information that you provide does not commit you to a retirement date.

DO YOU INTEND TO RENEW YOUR LICENSE NEXT YEAR?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unsure	
WHEN DO YOU PLAN TO STOP PRACTISING AS A NURSE*?					
<input type="checkbox"/> 2024	<input type="checkbox"/> 2025	<input type="checkbox"/> 2026	<input type="checkbox"/> 2027	<input type="checkbox"/> 2028	<input type="checkbox"/> Not Applicable/Unsure

## CURRENCY OF PRACTICE

Have you practiced nursing in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you practiced as a nurse within the last 3 years in the designation (i.e., LPN, RN or NP) you are applying for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you practiced 320 hours as a nurse in the last 5 years in the designation (i.e., LPN, RN or NP) you are applying for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you passed the registration exam for the designation (i.e., LPN, RN or NP) you are applying for no later than three licensing years prior to your application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you practiced as a nurse within the last 10 years in the designation (i.e., LPN, RN or NP) you are applying for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the past five licensure years, have you successfully completed an entry-level nursing program or a re-entry program, competence assessment with or without additional education, or bridging education for the same designation (i.e., LPN, RN or NP) you are applying for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## EMERGENCY PREPAREDNESS

An emergency is defined as any situation or occurrence of a serious nature, developing suddenly and unexpectedly, and demanding immediate action. In the event of an emergency, (e.g., pandemic or disaster), it is often necessary to identify experienced nurses who can be contacted and deployed rapidly.

Would you like to volunteer your nursing services in the event of an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## GOOD STANDING DECLARATIONS

Have you held a licence to practise as a nurse in Nova Scotia in one of the 2 licensure years preceding this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Answer the following questions based on your conduct both within and outside Canada. If you answer 'yes' to any of the following questions, please provide an explanation in space below.

Are there any outstanding charges against you relating to a criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently the subject of any complaint, investigation or other proceedings by any registration/licensing authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there currently any conditions or restrictions on a licence that you hold in any occupation or profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged with, pleaded guilty to, been convicted of or found to be guilty of an offence, for which you have not received a pardon, including alcohol and drug related offenses but excluding parking, speeding or similar minor motor vehicle offences that do not involve substance use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever pleaded no contest or made any similar plea to any criminal charge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged with or accused of a criminal offence that resulted in you	<input type="checkbox"/> Yes	<input type="checkbox"/> No

entering into a diversion program, curative discharge or other resolution process as an alternative to conviction or prosecution?		
Has there ever been any civil proceeding, legal action, insurance or other claim that was in any way related to your practice of nursing or your professional activities, which you have not previously reported to NSCN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there now, or are you aware of any pending civil proceedings, legal actions, insurance or other claims that are in any way related to your practice of nursing or your professional activities, which you have not previously reported to NSCN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever agreed to a settlement as a means to resolve civil proceedings or in relation to any investigation, proceeding or disciplinary action with respect to your professional conduct, competence, character, capacity or fitness to practice, which you have not previously reported to NSCN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever, before or during the course of an investigation or disciplinary proceeding, voluntarily entered into an undertaking or otherwise agreed to restrict your practice or to refrain from practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined by a registration/licensing authority for any occupation/profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied or had revoked any occupational or professional registration, license or permit, which you have not previously reported to NSCN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been subject to conditions or restrictions on a licence you held in any occupation or profession, which you have not previously reported to NSCN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever the subject of an investigation, disciplined by or expelled from any university or school of nursing which you have not previously reported to NSCN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been suspended or terminated from any employment which you have not previously reported to NSCN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answer the following question based on your conduct both within and outside Canada. If you answer 'yes', please provide an explanation in space below.

In addition to the above, is there, to your knowledge or belief, any event, circumstance or condition concerning your competence, character, capacity, conduct or reputation that may impact your registration and ability to practice safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## EXPLANATION

## NURSE PRESCRIBER DECLARATIONS

In addition to the above, is there, to your knowledge or belief, any event, circumstance or condition concerning your competence, character, capacity, conduct or reputation that may impact your registration and ability to practice safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have the authority to prescribe medication and screening/diagnostic tests in Nova Scotia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last two licensure years, have you practiced in a care area where you prescribed regularly, or completed the RN prescribing education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## NURSE PRACTITIONER DECLARATIONS

Do you have any Health Canada Notices (circular letters) related to prescribing controlled drugs and substances which you have not previously reported to NSCN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## APPLICATION DECLARATION

Subject to the NSCN Privacy Policy that authorizes the release of certain information, by submitting this application form, I confirm that:

1. I am the person completing the application.
2. I attest that the information provided on the form is true and complete.
3. I will immediately report to NSCN should anything occur while licensed that would alter my responses to any of the questions contained in this application.
4. I consent to NSCN verifying any and all information, which may include contacting the employers, institutions or authorities cited in my application.
5. I understand NSCN will immediately stop the assessment of my application while they gather more information if:
  - a. I have provided any inaccurate information; or
  - b. I have omitted required information; or
  - c. NSCN determines that any documents submitted during the application process have been altered, tampered with or forged.
6. I further understand that should #5 occur, it may result in a delay or denial of my application.
7. I accept the [NSCN Privacy Policy](#).
8. I understand that any and all information provided by me to NSCN in the course of the application process may be used internally by NSCN for any of its regulatory functions.
9. I confirm that I have disclosed in this application all events, circumstances, or conditions concerning my capacity, competence, character, conduct or reputation that may impact my ability to safely and ethically practice nursing.
10. I acknowledge that I am accountable to meet the annual Continuing Competence Program (CCP) requirements for the annual licence year (Nov 1-Oct 31) which includes
  - Self-reflection
  - Self-assessment of my competence
  - Development and implementation of a learning plan
  - Reflective evaluation of my learning plan
  - Participate in the audit process when selected
11. Visit [our website](#) for additional information on the Continuing Competence Program.

I acknowledge and accept the above declaration	
SIGNATURE	DATE

## RENEWAL FEES

All fees posted on our website here: <https://www.nscn.ca/registration-licensing/general-licensing-information/fees-payment-receipts>