



APPLICATION FOR A LICENCE

NOVEMBER 1, 2021 - OCTOBER 31, 2022

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

CONTACT INFORMATION

SURNAME		FIRST	MIDDLE
MAILING ADDRESS			
CITY		PROVINCE	COUNTRY
POSTAL CODE		COUNTY (within NS)	GENDER
HOME PHONE		BUSINESS PHONE (with extension)	EMAIL
NS REGISTRATION NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PREVIOUS NAMES	

IDENTIFY LANGUAGE(S) (other than English) in which you currently have the ability to safely provide nursing services.

PLEASE SPECIFY

ENTRY/INITIAL NURSING EDUCATION PREPARATION

Indicate nursing education program that led to your initial registration. (check one only)

NURSING SCHOOL			
<input type="checkbox"/> Diploma	MM/YYYY STARTED	MM/YYYY GRADUATED	PROVINCE OR COUNTRY OF GRADUATION
<input type="checkbox"/> Baccalaureate			
<input type="checkbox"/> Master			

NURSE PRACTITIONER APPLICANTS ONLY

INITIAL NP EDUCATION	CLINICAL PRACTICE SETTING
<input type="checkbox"/> Diploma	<input type="checkbox"/> Primary care/Family practice clinic
<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Hospital-inpatient (indicate focus, e.g. cardiology, oncology)
<input type="checkbox"/> Master	Specify:
<input type="checkbox"/> Doctorate	<input type="checkbox"/> Hospital-outpatient/CEC/ER/Ambulatory care
<input type="checkbox"/> Prior Learning Assessment and Recognition (PLAR)	Long Term Care
<input type="checkbox"/> None of the above	<input type="checkbox"/> Other:

LICENSED PRACTICAL NURSE APPLICANTS ONLY

ARE YOU APPLYING FOR CONDITIONAL REGISTRATION AND A CONDITIONAL CATEGORY OF LICENCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DID YOU GRADUATE FROM A PN PROGRAM IN QUEBEC BETWEEN 2004 AND 2009? If yes, you must provide official confirmation to NSCN that you completed a course(s) in maternal/newborn and pediatric care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
DID YOU GRADUATE FROM A PN PROGRAM IN ONTARIO BEFORE 2000? If yes, you must provide official confirmation to NSCN that you completed courses in Health Assessment Throughout the Lifespan and Pharmacology/Administration of Medications.	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER EDUCATION

Indicate highest level of education achieved in each area

IN NURSING (POST ENTRY) refers to nursing degrees obtained AFTER your initial registration/licensure. If a baccalaureate nursing program led to your initial registration, and you have not completed additional degrees, check "None of the above."		IN OTHER THAN NURSING refers to a non-nursing degree that you have obtained.	
MM/YYYY		MM/YYYY	
<input type="checkbox"/> Baccalaureate		<input type="checkbox"/> Baccalaureate	
<input type="checkbox"/> Master		<input type="checkbox"/> Master	
<input type="checkbox"/> Doctorate		<input type="checkbox"/> Doctorate	
<input type="checkbox"/> None of the above		<input type="checkbox"/> None of the above	

ARE YOU ENROLLED IN A UNIVERSITY PROGRAM IN NURSING (POST ENTRY)?

<input type="checkbox"/> Yes, full-time	PROGRAM choose ONE only:	
<input type="checkbox"/> Yes, part-time	<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> No, not enrolled	<input type="checkbox"/> Master	<input type="checkbox"/> Doctorate

PRESENT NOVA SCOTIA EMPLOYMENT STATUS

The employer where you primarily practise nursing should be accurate as of the date you complete the application.

NURSING EMPLOYMENT STATUS (choose applicable boxes for primary employer only)	
<input type="checkbox"/> Regular (schedule guarantees fixed number of hours of practice per pay period; may be time-limited, e.g., temporary or contract position)	
<input type="checkbox"/> Casual (schedule does not guarantee a fixed number of hours of practice per pay period, and occasional practise on-demand or on a seasonal basis)	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Is this your preferred status? <input type="checkbox"/> Yes <input type="checkbox"/> No	More than one employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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
LEAVE OF ABSENCE	
<input type="checkbox"/> On family leave	<input type="checkbox"/> On education leave
<input type="checkbox"/> On illness/injury leave	<input type="checkbox"/> Other leave of absence

NOVA SCOTIA EMPLOYMENT INFORMATION

Your primary nursing employer is the institution/agency where you practise nursing for the majority of hours per week. In this section, **specify the name of your manager, the institution/agency in which you work, and the address.**

PRIMARY NURSING EMPLOYER			
EMPLOYER ADDRESS		CITY	PROVINCE
POSTAL CODE	COUNTY (WITHIN NS)	NAME OF MANAGER	
MANAGER EMAIL		FAX NUMBER	
INITIAL DATE OF PRACTICE WITH PRIMARY EMPLOYER			(MM DD YYYY)

CURRENT PLACE OF EMPLOYMENT

Only **one** box should be checked

<input type="checkbox"/> Hospital: offers inpatient and outpatient services to a targeted population	<input type="checkbox"/> Nursing Home/Long-Term Care: residents require nursing and personal care on a continuous basis, with medical services provided as required	<input type="checkbox"/> Business/Industry/ Occupational Health Office: major focus is the health of workers
<input type="checkbox"/> Mental Health Centre: stand-alone facility; primary focus on patients with psychiatric problems	<input type="checkbox"/> Rehabilitation/Convalescent Centre: stand-alone centre, focuses on restoration/optimization of physical, psychological and social activity of individuals	<input type="checkbox"/> Private Nursing Agency/Private Duty: markets nursing services for hire
<input type="checkbox"/> Home Care Agency: major focus provision of services to support health care in clients' homes	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Self-employed/Private Practice: individual does not work for any employer (employed by self)
<input type="checkbox"/> Community Health/Health Centre: first point of contact; offers range of primary health, social, rehabilitation and other non-institutional services in the community	<input type="checkbox"/> Physician's Office/Family Practice Unit: organized around the delivery of health care primarily by a physician or group of physicians	<input type="checkbox"/> Public Health Department/Agency: main focus is the provision of health services within the five primary functions of public health: population health assessment; health surveillance; health promotion; disease and injury prevention; health protection
<input type="checkbox"/> Nursing Station (outpost or clinic): stand-alone centre, RNs are on-site managers and practitioners	<input type="checkbox"/> Association/Government: national, provincial, territorial, regional or municipal organization or government that deals with policy development and/or the protection of the public	<input type="checkbox"/> Other: place of work not identified; provide details of the focus of the organization/facility/ agency in which you work
		Specify:

POSITION/TITLE

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:

PRIMARY AREA OF RESPONSIBILITY

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:		

WHEN DO YOU PLAN TO STOP PRACTISING AS A NURSE?

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.

WHEN DO YOU PLAN TO STOP PRACTISING AS A NURSE*?					
<input type="checkbox"/> 2022	<input type="checkbox"/> 2023	<input type="checkbox"/> 2024	<input type="checkbox"/> 2025	<input type="checkbox"/> 2026	<input type="checkbox"/> Not Applicable/Unsure

*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

NURSING EXPERIENCE SINCE LAST LICENSED

includes all work experience since you were last licensed with NSCN. If not previously licensed with NSCN, provide previous nursing experience for past 5 years.

DATES OF EMPLOYMENT	FACILITY NAME	IMMEDIATE SUPERVISOR & POSITION TITLE	FACILITY ADDRESS	FACILITY EMAIL & TELEPHONE

RECORD OF NURSING EMPLOYMENT

Ensure all years are recorded. You are required to maintain and retain a record of actual hours practised for a minimum of 5 years.

Do not include vacation, sick time, or leave of absence hours.

- **Full-time:** enter the name of your nursing employer and 1725 hours worked in the 2021 licensure year.
- **Part time/casual:** enter the number of hours practised prior to submitting your application. For example, if you are employed in a .5 position, claim 865 hours (1725 x .5); if you are employed in a .7 position, claim 1,207, etc..
- **Not practised:** if you have not practised in the previous year, enter "0" in the column "Actual Number of Hours Practised".
- **Post-RN baccalaureate/Masters/Doctorate degree program in nursing:** students enrolled in and attending one of these programs should enter the name of the university. It is not necessary to enter course hours. Non-nursing degree programs or other post-RN certificate programs (e.g., perioperative nursing) cannot be used to meet the practice hour requirement.
- **Re-entry program graduates:** nurses who have completed a re-entry program within 5 licensure years should enter the name of the re-entry program next to the appropriate year in the Record of Nursing Employment section. Hours of nursing practice are not entered for the re-entry program.
- **Competence Assessment and Bridging Education:** If you have completed a competence assessment and bridging education within 5 licensure years enter the name of the program next to the appropriate year in the Record of Nursing Employment section. The number of nursing practice hours included in the program is not required.
- **Nurse practitioners (NP):** identify where you are practising and the number of NP hours practised, as well as any RN hours practised in addition to the NP hours.

Information about calculating practice hours can be found on our website: <https://www.nscn.ca/registration-licensing/general-licensing-information/currency-practice>

	INCLUDE NAMES OF ALL NURSING EMPLOYER(S)	PROVINCE/ TERRITORY/ STATE/COUNTRY	ACTUAL NUMBER OF HOURS IN THE PRACTICE OF AN LPN (and LPN conditional licence)	ACTUAL NUMBER OF HOURS IN THE PRACTICE OF AN RN (and RN conditional licence)	ACTUAL NUMBER OF HOURS IN THE PRACTICE OF AN NP (and NP conditional licence)
NOV 1/20 - OCT 31/21					
NOV 1/19 - OCT 31/20					
NOV 1/18 - OCT 31/19					
NOV 1/17 - OCT 31/18					
NOV 1/16 - OCT 31/17					

PROFESSIONAL LICENSURE

(e.g., registered psychiatric nurse; registered social worker, licensed practical nurse, registered nurse) If you have held or currently hold a licence with any regulatory body, please indicate profession, licence number, and province/state/country. NSCN will notify you of the regulatory bodies **you must contact** for a verification of your licensure. This form must be sent directly from the regulatory body to NSCN.

I have held or currently hold a licence with another regulatory body? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROFESSION	LICENCE NUMBER	PROVINCE/STATE/COUNTRY

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. Indicate if you would like to volunteer, and note your specific skills.

I wish to volunteer in the event of an emergency in Nova Scotia that requires quick recruitment of qualified nurses. I have specific education/skills in the following area(s) within the past 10 years :					
AREA OF NURSING	ADULT	PEDIATRIC	NEONATAL	EXPERIENCE (# OF YEARS)	CURRENTLY WORKING IN THIS AREA
Emergency/Trauma/Triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Critical Care/ICU/Ventilator Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Operating Room/Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Mental health/Grief management/Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Burn Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

AREA OF NURSING	ADULT	PEDIATRIC	NEONATAL	EXPERIENCE (# OF YEARS)	CURRENTLY WORKING IN THIS AREA
Long term care/Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Public health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Disaster management experience/training/ psychosocial response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other, please indicate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

SCREENING/JUDICIAL QUESTIONS

1. 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
<p>If you did NOT hold a practising licence with NSCN in one of the 2 licensure years preceding this application, you must submit:</p> <ul style="list-style-type: none"> a Canadian Criminal Record Check and/or an International Criminal Record Check from the last country in which you worked <p>Canadian and International Criminal Record Checks must be dated within 6 months prior to the date of your licence being issued. Check the NSCN website for more information.</p> <p>A registrant or an applicant for a licence who at any time:</p> <ol style="list-style-type: none"> has been charged with, pleaded guilty to, or convicted of any offence in or out of Canada that is inconsistent with the proper professional behaviour of a registrant; has been found guilty of a disciplinary finding in another jurisdiction; has had a licensing sanction imposed by another jurisdiction; is the subject of an investigation or disciplinary process in any jurisdiction; or encounters a circumstance that would alter their answers to the questions asked on an application form; <p>shall report the matter to the CEO & Registrar immediately.</p>	
<p>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.</p>	
2. 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
3. Have you ever pleaded no contest or made any similar plea to any criminal charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been charged with or accused of a criminal offence that resulted in you entering into a diversion program, curative discharge or other resolution process as an alternative to conviction or prosecution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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
6. 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
7. 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
8. Are you currently the subject of any complaint, investigation or other proceeding by any registration/licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. 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
10. Have you ever been disciplined by a registration/licensing authority for any occupation/profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have any conditions or restrictions on any licence that you currently hold or have held in any occupation or profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. 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
13. 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
14. 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
15. 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
16. For Nurse Practitioners Only: 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

EXPLANATION (Required if you answered, ‘Yes’ to any of the questions 2-16)

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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VERIFICATION/SIGNATURE

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 ([NSCN.ca/privacy-policy](https://www.nscn.ca/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 2021-2022 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

Visit <https://www.nscn.ca/professional-practice/continuing-competence/continuing-competence-program> for additional information on the Continuing Competence Program.

SIGNATURE	DATE

PAYMENT INFORMATION AND TERMS

- Nurses on payroll deduction should contact their facilities for specific facility-based processes to follow.
- Payment options include: MasterCard, Visa, debit, or cheque.
- Personal cheques or money orders in Canadian funds, payable to 'Nova Scotia College of Nursing', will be accepted. Post dated cheques will not be accepted.
- An administrative fee of \$46.00 is charged for all payments returned for any reason by a financial institution.
- With the exception of the NSCN Pre-authorized Payment Plan, an administrative fee of \$86.25 is charged when licence fees are paid in installments.
- All licence fees are non-refundable after October 31, 2021.

CREDIT CARD INFORMATION

		<input type="checkbox"/> Mastercard
NAME OF CREDIT CARD HOLDER		<input type="checkbox"/> VISA
CREDIT CARD NUMBER	EXPIRY DATE	SECURITY CODE (3 digit number on the back of your card)
SIGNATURE OF CARD HOLDER		

RENEWAL FEES

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

QUESTIONS?

Registration, Nova Scotia College of Nursing 902.444.6726 (toll-free in NS 1.833.267.6726) or registration@nscn.ca