CONSENT FOR RELEASE OF INFORMATION

FOR NCAS COMPETENCE ASSESSMENT

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

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Toll-free (NS) 1-833-267-6726
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PART A – MY PERSONAL INFORMATION (PLEASE PRINT/DO NOT USE INITIALS)

CURRENT LEGAL NAME			
SURNAME	FIRST NAME	MIDDLE NAME	
DATE OF BIRTH (DAY/MONTH/YEAR)	MAILING ADDRESS		
CITY/TOWN	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
TELEPHONE (INCLUDE AREA/COUNTRY CODE)		EMAIL ADDRESS	

PART B – CONSENT FOR RELEASE OF INFORMATION

The personal information requested on this form is being collected by the Nova Scotia College of Nursing (NSCN) for the purpose of referring you to the Nursing Community Assessment Service ("**NCAS**") for a competence assessment.

The **NCAS** is wholly owned and administered by the British Columbia College of Nurses and Midwifes ("**BCCNM")** and NCAS uses the BCCNM Information System**.**

NSCN's staff will disclose the personal information on this form to the BCCNM Information System for the purpose of referring you to the NCAS for a competence assessment. The personal information on this form will be used to contact you directly after the referral has been received.

NSCN is committed to protecting your privacy. NSCN's privacy policy is available at https://www.nscn.ca/privacy-policy.

CONSENT

By signing below, I hereby give my consent for NSCN to use and disclose my personal information as recorded on this form, for the purpose of referring me for an NCAS competence assessment.

PRINT YOUR NAME	YOUR SIGNATURE	DATE SIGNED (DAY/MONTH/YEAR)