CONSENT FOR RELEASE OF INFORMATION

FOR NURSING RE-ENTRY PROGRAM

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

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

SURNAME	FIRST NAME	MIDDLE NAME	PREVIOUS NAME
NSCN REGISTRATION NUMBER	STREET ADDRESS		
CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE

PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	EMAIL ADDRESS

EDUCATIONAL INSTITUTION

NAME OF SCHOOL OF NURSING/NURSING EQUIVALENT PROGRAM	YEAR GRADUATED

I HEREBY AUTHORIZE THE NOVA SCOTIA COLLEGE OF NURSING (NSCN) TO RELEASE TO THE NURSING RE-ENTRY PROVIDER, A COPY OF THIS CONSENT FOR RELEASE OF INFORMATION CONFIRMING MY PARTICIPATION IN THE NURSING RE-ENTRY PROGRAM.

I HEREBY AGREE TO FURTHER CORRESPONDENCE BETWEEN THE RE-ENTRY PROVIDER AND NSCN AS IT PERTAINS TO MY PROGRESS TOWARD ELIGIBILITY FOR REGISTRATION AND LICENSURE WITH THE NSCN, INCLUDING BUT NOT LIMITED TO EDUCATIONAL COURSES.

PRINT NAME	SIGNATURE	DATE