



COMPETENCE ASSESSMENT CONSENT FOR RELEASE OF INFORMATION

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

I, _____, of _____
Full name Address

hereby authorize the Nova Scotia College of Nursing(NSCN) to release to the Registered Nurses Professional Development Centre (RN-PDC), a copy of the letter recommending my participation in a competence assessment. This letter shall include:

- 1. the reason for the referral;
- 2. language proficiency test status (if applicable); and
- 3. my contact information (name, address, e-mail address and telephone number).

I hereby agree to further correspondence between RN-PDC and NSCN as it pertains to my progress toward reactivating my licence with NSCN.

Signed at _____, on the _____ day of _____ 20____.

Signature

Witness