



RN-PDC RE-ENTRY PROGRAM CONSENT FOR RELEASE OF INFORMATION

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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 nursing re-entry program. 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