

CONSENT FOR RELEASE OF INFORMATION

SURNAME	FIRST NAME	MIDDLE NAME	PREVIOUS NAME
LPN REGISTRATION NUMBER	STREET ADDRESS		
CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	EMAIL ADDRESS	

EDUCATIONAL INSTITUTION

NAME OF SCHOOL OF PRACTICAL NURSING/NURSING EQUIVALENT PROGRAM	YEAR GRADUATED

I CHOOSE TO COMPLETE THE FOLLOWING AT THE NOVA SCOTIA COMMUNITY COLLEGE (NSCC) – CHOOSE ONE ONLY

OPTION 1: GENERAL COMPETENCE ASSESSMENT WITH ANY REQUIRED EDUCATION

OPTION 2: LICENSED PRACTICAL NURSES RE-ENTRY PROGRAM.

I HEREBY AUTHORIZE THE NOVA SCOTIA COLLEGE OF NURSING (NSCN) TO RELEASE TO THE NSCC, A COPY OF THIS CONSENT FOR RELEASE OF INFORMATION CONFIRMING MY PARTICIPATION IN THE ABOVE CHECKED COURSE(S)/PROGRAM(S).

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

SIGNATURE	DATE
WITNESS SIGNATURE	PRINTED NAME

TO BE COMPLETED BY THE NOVA SCOTIA COLLEGE OF NURSING

- APPLICATION APPROVED
 APPLICATION DENIED

PASSED A REGISTRATION EXAMINATION: YES | NO

CPNRE

CNATS

OTHER: _____

AUTHORIZING SIGNATURE

DATE