



INTERNATIONALLY EDUCATED NURSES NOT CURRENTLY LICENSED IN CANADA

APPLICATION FOR INITIAL REGISTRATION ASSESSMENT IN NOVA SCOTIA

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

Please return this completed application form to NSCN at 300-120 Western Parkway along with your non-refundable assessment fee. Payment can be made by international money order or online by credit card. We do not accept international demand drafts or cheques.

SECTION A: PERSONAL INFORMATION

CURRENT FAMILY/LAST NAME		GIVEN/FIRST NAME	MIDDLE NAME
ALL PREVIOUS NAMES HELD			DATE OF BIRTH (M/D/Y)
PERMANENT MAILING ADDRESS	CITY/TOWN	PROVINCE/STATE AND COUNTRY	POSTAL CODE/ZIP CODE
EMAIL ADDRESS		PHONE NUMBER	
NNAS ID NUMBER		NNAS APPLICATION NUMBER (IF APPLICABLE)	

SECTION B: INITIAL NURSING EDUCATION (allowed you to become a nurse)

NAME OF SCHOOL OF NURSING		TYPE OF NURSING PROGRAM (DIPLOMA, DEGREE, ETC.)	
ADDRESS	CITY/TOWN	PROVINCE/STATE	COUNTRY
PROGRAM STARTED (MONTH/YEAR)		PROGRAM COMPLETED (MONTH/YEAR)	

SECTION C: ADDITIONAL EDUCATION (complete all that apply)

IN NURSING		IN OTHER THAN NURSING	
MONTH/YEAR COMPLETED		MONTH/YEAR COMPLETED	
DIPLOMA		DIPLOMA	
CERTIFICATE		CERTIFICATE	
BACCALAUREATE		BACCALAUREATE	
MASTER		MASTER	
DOCTORATE		DOCTORATE	
OTHER (specify):		OTHER (specify):	



SECTION D: REGISTRATION/LICENSURE

List all jurisdictions (province/state/country) where you currently hold or have held registration and/or licensure (nursing and other regulated professions). You may attach another page if needed

NAME OF ORGANIZATION/REGULATORY BODY	JURISDICTION (province, state or country)	REGISTRATION NUMBER	CURRENT LICENSURE STATUS (e.g. non-practising, practising)	DATE LICENCE ISSUED (month/year)	DATE LICENCE EXPIRED (month/year)

SECTION E: STATUS OF REGISTRATION/LICENSURE

Answer the following questions based on your conduct both within and outside Canada.

1. Have you ever been charged with, pleaded guilty to, been convicted of or found to be guilty of an offence, for which you have not received a pardon, including alcohol and drug related offenses but excluding parking, speeding or similar minor motor vehicle offences that do not involve substance use?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Have you ever pleaded no contest or made any similar plea to any criminal charge?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Have you ever been charged with or accused of a criminal offence that resulted in you entering into a diversion program, curative discharge or other resolution process as an alternative to conviction or prosecution?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Has there ever been any civil proceeding, legal action, insurance or other claim that was in any way related to your practice of nursing or your professional activities which you have not previously reported to NSCN?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Is there now, or are you aware of any pending civil proceedings, legal actions, insurance or other claims that are in any way related to your practice of nursing or your professional activities which you have not previously reported to NSCN?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Have you ever agreed to a settlement as a means to resolve civil proceedings or in relation to any investigation, proceeding or disciplinary action with respect to your professional conduct, competence, character, capacity or fitness to practice which you have not previously reported to NSCN?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Are you currently the subject of any complaint, investigation or other proceeding by any registration/licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Have you ever, before or during the course of an investigation or disciplinary proceeding, voluntarily entered into an undertaking or otherwise agreed to restrict your practice or to refrain from practice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Have you ever been disciplined by a registration/licensing authority for any occupation/profession?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Do you have any conditions or restrictions on any licence that you currently hold or have held in any occupation or profession?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Have you ever been denied or had revoked any occupational or professional registration, license or permit which you have not previously reported to NSCN?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Were you ever the subject of an investigation, disciplined by or expelled from any university or school of nursing which you have not previously reported to NSCN?	YES <input type="checkbox"/> NO <input type="checkbox"/>

13. Have you ever been suspended or terminated from any employment which you have not previously reported to NSCN?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. In addition to the above, is there, to your knowledge or belief, any event, circumstance or condition concerning your competence, character, capacity, conduct or reputation that may impact your registration and ability to practice safely?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF ANSWERING "YES" TO QUESTIONS 1-14, PLEASE ATTACH AN EXPLANATION.	
15. Have you ever written the Canadian Registered Nurse Examination (RN exam) for registration in another Canadian province/territory? if yes where, when and results, please attach to form	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Have you written the Canadian Practical Nurse Registration Examination or the Regulatory Exam - Practical Nurse (REx-PN) for registration in another Canadian province/territory? if yes where, when and results, please attach to form	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. Have you written the National Council Licensure Examination Registered Nurse exam between 1982 and the present? if yes where, when and results, please attach to form	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. Have you been asked/required to do a competence assessment of any kind by another Canadian province or territory? This is an assessment of your nursing knowledge, skills and judgements using tools such as objective structured clinical examination (OSCE) or written tests. if yes, answer question #19	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. Have you ever completed a competence assessment as described in question 18. If yes, arrange for certified true copies of the following to be sent to NSCN by the other regulatory body: a. A copy of the assessment report b. All letters associated with the assessment c. Transcripts of any education completed.	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. Have you submitted an application to any other regulatory bodies in Canada? If yes, please list all Canadian regulatory bodies where you have applied below:	YES <input type="checkbox"/> NO <input type="checkbox"/>
REGULATORY BODY	PROVINCE OR TERRITORY

Note: Include all Canadian regulatory bodies where your application is in process or has been denied.

SECTION F: NURSING PRACTICE

Please provide the total number of actual hours worked as a paid nurse from **November 1 to October 31** for the current and previous five licensure years in the table below:

	HOURS	INFORMATION ABOUT CALCULATING PRACTICE HOURS CAN BE FOUND ON OUR WEBSITE: NSCN.CA/REGISTRATION-LICENSING/GENERAL-LICENSING-INFORMATION/CURRENCY-PRACTICE .
NOVEMBER 1, 2022 TO PRESENT		
NOVEMBER 1, 2021 TO OCTOBER 31, 2022		
NOVEMBER 1, 2020 TO OCTOBER 31, 2021		
NOVEMBER 1, 2019 TO OCTOBER 31, 2020		
NOVEMBER 1, 2018 TO OCTOBER 31, 2019		
NOVEMBER 1, 2017 TO OCTOBER 31, 2018		

HAVE YOU TAKEN A NURSING RE-ENTRY PROGRAM IN THE LAST FIVE YEARS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES	
NAME OF PROGRAM:	
LOCATION:	
DATE COMPLETED:	

SECTION G: NURSING EXPERIENCE FOLLOWING GRADUATION

Include **ALL** nursing experience since graduating from your nursing program, starting with the most recent (You may attach another page if needed).

DATES OF EMPLOYMENT (START & STOP)	FACILITY NAME, ADDRESS, EMAIL & PHONE NUMBER	IMMEDIATE SUPERVISOR NAME AND TITLE	DESCRIPTION OF NURSING EXPERIENCE (E.G. SETTING, PATIENT POPULATION, ETC.)

SECTION H: SIGNATURE DECLARATION

By signing this application form:

I authorize the collection, use and disclosure of personal information concerning myself as described in the Nova Scotia College of Nursing (NSCN) Privacy of Registrant Information Policy. You can find this policy at: www.nscn.ca/privacy-policy.

In addition, I authorize NSCN to carry out the procedures necessary for the assessment of my eligibility for registration. This includes making copies of my application documents for the purpose of assessment and/or contacting the institutions or authorities stated on this application to verify the authenticity of my documents and the information provided in my application. **This Signature Declaration allows NSCN to contact other regulatory bodies and obtain information pertinent to my application.** I agree NSCN can send a copy of this Signature Declaration to other regulatory bodies allowing them to release information to NSCN.

I understand that all documents submitted to NSCN become the property of NSCN and will not be returned to me. I also understand that documents that are not provided in English will require official translation before being submitted to NSCN. Any costs associated with the translation of documents is my responsibility.

I declare that all of the information I have provided in my application is complete and truthful. I understand that NSCN will immediately stop the assessment of my application and that my application for assessment will be cancelled, registration will be refused, and I may be prohibited from applying to NSCN in the future if:

1. I have provided any inaccurate information; or
2. I have omitted required information; or
3. NSCN determines that any documents submitted during the application or assessment process have been altered, tampered with or forged.

This applies to all documents received during the application process, including written correspondence. NSCN will not issue a refund and will retain all documents submitted with my application.

This Signature Declaration authorizes NSCN to share with other Canadian regulatory bodies that my application for registration has been refused because of one of the three reasons listed above.

I understand that in order to practise nursing in Nova Scotia, I am required by law to hold a licence with NSCN before I start work, including any orientation.

I have read and understand the above and the information on this form and agree to the terms stated herein. I hereby apply for assessment as a nurse in Nova Scotia under the terms of the Nursing Act.

PRINT NAME	DATE
SIGNATURE OF APPLICANT	