



# REGISTRATION/LICENSURE VERIFICATION

LPN |  RN |  NP (CHECK ALL THAT APPLY)

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

## SECTION A - APPLICANT

Complete Section A then forward to the registering/licensing authority requesting they verify your status by completing Section B.

SURNAME	GIVEN NAMES	BIRTH/FORMER NAME
SCHOOL OF NURSING AND LOCATION		DATE OF BIRTH
YEAR OF GRADUATION	YEAR REGISTERED	REGISTRATION NUMBER
SIGNATURE		DATE

## SECTION B – REGISTERING/LICENSING AUTHORITY

Please return completed form by mail directly to the Nova Scotia College of Nursing at the address above.

ACTING ON BEHALF OF THE			
	REGISTERING AUTHORITY		
I DO HEREBY CERTIFY THAT			
	SURNAME	GIVEN NAMES	BIRTH/FORMER NAMES
A GRADUATE OF			
	EDUCATIONAL PROGRAM		LOCATION
AND THAT THIS SCHOOL WAS APPROVED BY THE REGISTERING AUTHORITY AT THE TIME THIS PROGRAM WAS COMPLETED.			
THE REGISTRATION CERTIFICATE/LICENCE WAS ISSUED BY THIS JURISDICTION ON			
(MONTH/DAY/YEAR)		REGISTRATION/LICENCE NUMBER	



REGISTRATION WAS OBTAINED BY:		<input type="checkbox"/> EXAMINATION	<input type="checkbox"/> ENDORSEMENT
CURRENT LICENSURE STATUS		EXPIRY DATE OF LICENCE (MONTH/DAY/YEAR)	
TITLE ASSIGNED			

**NOTE: If you answer YES to any of these questions, attach an explanation**

1. Is this person currently under review/investigation by your regulatory body? If you are unable to answer, please check this box <input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has this person ever received any type or form of disciplinary action on their registration or licence in your jurisdiction such as revocation, suspension, or reprimand?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. If you answered yes to #2, has the registration/licence been reinstated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Has this person ever had any conditions or restrictions imposed on their licence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. If you answered yes to #4 above, conditions or restrictions imposed on their licence been removed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

REGISTRATION/LICENSURE EXAM	DATE WRITTEN	NUMBER OF WRITINGS	SCORE RESULTS

SEAL		
	DATE	POSITION
	SIGNATURE	NAME (PLEASE PRINT)