COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA

St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
www.clpna.com

COURTESY APPLICATION PACKAGE

Below is a brief description of what is necessary to begin the application process. Please read through carefully.

MANDATORY REQUIREMENTS TO RETURN DIRECTLY TO THE COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA (CLPNA)

☐ **Application for Registration form**
Complete this application form and submit directly to CLPNA. If you answer yes to any questions in the declaration, be sure to provide an explanation in the box on page 3.

☐ **Criminal Record Check**
In order to meet the requirements of registration, the CLPNA will only consider Criminal Record Checks issued by myBackCheck directly to the CLPNA through the online system. To register for an account and complete your Criminal Record Check, visit www.sterlingtalentsolutions.ca/clpna/. Criminal Record Checks are considered valid for six months from the date of issue.

☐ **Declaration of Hours form**
This form is to be completed by the applicant and should include all nursing practice hours obtained in the past four years. Hours should be separated by year and by employer. Enter zero (0) for any years that nursing hours were not obtained. CLPNA has established a policy that you must be actively engaged in practice within the previous four years to qualify for registration as a Practical Nurse. Read the current Actively Engaged Requirements for Registration policy on the CLPNA website. Please note that policies are subject to change at any time, and it is the applicant's responsibility to be aware of current requirements.

☐ **Declaration of Employment Information form (for LPNs practicing in Alberta)**
This form must be completed as a requirement of registration. You are required to complete Section 1 to 3 of the Declaration form.

☐ **Identification requirements**
To meet the requirements of registration, the CLPNA requires two forms of government issued ID. CLPNA accepts passports, birth certificates, Permanent Resident cards, citizenship certificates, and driver's licenses. Please note that at least one must be photo identification and preferably both will be colour copies. Do not fax identification.

☐ **Verification of Registration form**
If you have held registration in another jurisdiction, you are required to have the regulatory body send a Verification of Registration to the CLPNA. Most regulators have their own process for requesting a Verification of Registration and the best place to locate this information is on the regulator's website. If the regulatory body does not have their own form, you can send the linked form to them: Verification of Registration

☐ **Employer letter/post-secondary institution letter**
You are required to submit a letter of support from your future employer or current post-secondary institution, identifying the purpose of the Courtesy Registration request, location of employment or studies, and expected dates of employment or study in Alberta. Please submit this letter directly to registration@clpna.com.

ADDITIONAL REQUIREMENTS THAT MAY BE REQUIRED BY THE CLPNA

☐ **Verification of English Language Proficiency**

All applicants to the CLPNA must be sufficiently proficient in the English language and be able to provide professional services in English. The policy on English Language Proficiency is applicable to all applicants requesting registration in Alberta. The requirement for English Language Proficiency can be met through one of the following ways:

- Graduation from a Practical Nurse Program in Canada where English was the language of instruction.
- Graduation from a four-year non-practical nurse program in Canada where English was the language of instruction.
- Successful completion in accordance with the standard of either the Canadian English Language Benchmark Assessment for Nurses (CELBAN) or the International English Language Testing System (IELTS) Academic Version.

Applicants for registration are not considered complete and ready for assessment until the language requirement has been met.

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PERSONAL (Please print)		
Current Legal Surname (Last Name)	Given Name (First Name)	Middle Name(s)
Maiden Name	Date of Birth (dd/mm/yy)	Sex ☐ Female ☐ Male
Apartment / Box No. / Address or Street No.		City / Town / Village
Province/State	Country	Postal Code / Zip Code
Telephone No.	Cell No.	Primary Language
E-mail Address (MANDATORY)		

PERSONAL DECLARATION (Check applicable answer)

For more information on the CLPNA's authority to request an applicant to self-declare, visit www.clpna.com. The policy, Declarations and Registration Requirements along with the following documents will enhance applicant understanding: the interpretive documents, Duty to Report and Fitness to Practice and HPA Definition of "Incapacitated", and the practice guideline on Infection Prevention and Control. If any circumstances change throughout the year, you are required to contact CLPNA.

1.	Have you ever applied for registration in Alberta previously?	☐ Yes ☐ No
2.	Have you applied for registration in any other Canadian province or territory?	☐ Yes ☐ No
3.	Have you ever been denied registration/licensure or subject to conditions on a practice permit/license by a registration/ licensing authority for nursing or any other health profession in Alberta or any other province, territory, or country (excluding CLPNA)?	☐ Yes ☐ No
4.	Have you ever been subject to any investigative proceedings with respect to unprofessional conduct, incompetence, or incapacity in nursing or any regulatory body, in Alberta or any other province, territory, or country (excluding CLPNA)?	☐ Yes ☐ No
5.	Have you ever had a judgment in a civil action against you with respect to your practice in any province, territory, or country?	☐ Yes ☐ No
6.	Are you currently under investigation or involved in any proceedings by:	
	a. A registration/licensing authority for nursing in any province, territory, or country?	☐ Yes ☐ No
	b. Another health profession (other than nursing) in any province, territory, or country?	☐ Yes ☐ No
	c. Any other profession in any province, territory, or country?	☐ Yes ☐ No
7.	Are you currently charged with a criminal offense?	☐ Yes ☐ No
8.	Have you pleaded guilty or been found guilty of a criminal offence for which a pardon has not been granted?	☐ Yes ☐ No
9.	Do you have any physical or mental condition or disorder that may impair your ability to provide safe, competent and ethical care? **If you have answered yes to question 9, answer the questions below; otherwise leave questions (a) and (b) blank.**	☐ Yes ☐ No
	a. If "Yes", are you under the care of a physician or healthcare team?	☐ Yes ☐ No
	b. If "Yes", are you following medical advice?	☐ Yes ☐ No

Please print: If you answered 'YES' to any question on the Personal Declaration, provide a brief explanation.

PROFESSIONAL REGISTRATIONS - GOOD STANDING DECLARATION

Other than with CLPNA, list all registrations/licenses in practical nursing or other professions (i.e. registered nurse, physiotherapist, midwife, paramedic, etc.) and check to declare whether or not you are in good standing with the other regulatory organization(s). If you are not currently registered in another jurisdiction. list the last jurisdiction in which you held registration and provide verification from that jurisdiction.

Registration Type (LPN, RN)	Registration Status	Conditions/Limitations on Registration (if applicable)	Province/State/ Country	Registration Number	Issued Date (dd/mm/yy)	Expiry Date (dd/mm/yy)

I DECLARE that the active license(s) I possess to practice in other jurisdictions are in good standing.

☐ Yes, I am in good standing ☐ No, I am NOT in good standing

INITIAL NURSING EDUCATION (Please print: Provide all nursing programs taken, including both basic and refresher programs)

Name of Nursing Program	Language of Instruction	Start Date	Program Completion Date	Credential Received (example; Degree, Diploma, Certificate)
Name of Educational Institution	Address (Street No./City/Province/Country)			Phone (including area code)
Name of Nursing Examination	Language of Examination	Number of Times Examination Written		Passed ☐ Yes ☐ No

ADDITIONAL NURSING EDUCATION (Please Print: Provide all post-basic programs and/or courses completed. If you have more than three, please provide on a separate piece of paper)

Name of Credential Received	Institution Name and Country	Start Date and Completion Date
Name of Credential Received	Institution Name and Country	Start Date and Completion Date
Name of Credential Received	Institution Name and Country	Start Date and Completion Date

NURSING EMPLOYMENT HISTORY (Please print: Provide all employers in the past four years. More than four, please provide on a separate piece of paper.)

Employer Name and Phone	Address	Unit/Area of Responsibility (check applicable boxes) ☐ Medical ☐ Mental Health/Psychiatry ☐ Surgical ☐ Community ☐ Obstetrics ☐ Gerontology/Long Term Care ☐ Pediatrics ☐ Other______________________
Job Title/Position	Status (Full-Time, Part-Time, Casual)	
Start Date (dd/mm/yy)	End date (dd/mm/yy)	
Employer Name and Phone	Address	Unit/Area of Responsibility (check applicable boxes) ☐ Medical ☐ Mental Health/Psychiatry ☐ Surgical ☐ Community ☐ Obstetrics ☐ Gerontology/ Long Term Care ☐ Pediatrics ☐ Other______________________
Job Title/Position	Status (Full-Time, Part-Time, Casual)	
Start Date (dd/mm/yy)	End date (dd/mm/yy)	
Employer Name and Phone	Address	Unit/Area of Responsibility (check applicable boxes) ☐ Medical ☐ Mental Health/Psychiatry ☐ Surgical ☐ Community ☐ Obstetrics ☐ Gerontology/ Long Term Care ☐ Pediatrics ☐ Other______________________
Job Title/Position	Status (Full-Time, Part-Time, Casual)	
Start Date (dd/mm/yy)	End date (dd/mm/yy)	
Employer Name and Phone	Address	Unit/Area of Responsibility (check applicable boxes) ☐ Medical ☐ Mental Health/Psychiatry ☐ Surgical ☐ Community ☐ Obstetrics ☐ Gerontology/ Long Term Care ☐ Pediatrics ☐ Other______________________
Job Title/Position	Status (Full-Time, Part-Time, Casual)	
Start Date (dd/mm/yy)	End date (dd/mm/yy)	

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ADDITIONAL APPLICATION REQUIREMENTS (You must also submit the following with your application form or it may be considered incomplete, please verify.)
☐ I have included a clear copy of my birth certificate and/or passport. (Mail or Email; Do Not Fax)
☐ I have included a clear copy of my driver's license, citizenship card, and/or permanent residence card. (Mail or Email; Do Not Fax)
☐ I understand all my documentation must be translated to English before it is submitted to the CLPNA office.
☐ I have completed my Criminal Record Check with myBackCheck at https://www.sterlingtalentsolutions.ca/clpna/ within the last 6 months
☐ I have requested a letter from my employer. This will be submitted to registration@clpna.com when complete.

PRIVACY STATEMENT

I acknowledge that the information contained in this form is being collected and will be used for the purpose of assessing my application for registration. This information will be maintained on my file and may also be used to assess my application for renewal of my practice permit in the future or for the purpose of a discipline proceeding under Part 4 of the *Health Professions Act.* The information contained in this form will only be disclosed pursuant to the provisions in the *Health Professions Act, the Licensed Practical Nurses Profession Regulation,* and the *Personal Information Protection Act,* as otherwise required by law, unless your consent to disclose the information has been obtained.

DENY OR DEFERRAL OF REGISTRATION ELIGIBILITY

I acknowledge that the College may immediately deny or defer registration if any information contained in this application is inaccurate or incomplete until such time that the College has had the opportunity to reconsider my application. I agree to provide any additional information that may be required by the College to consider my application for registration.

CONSENT TO REVOCATION/SUSPENSION OF REGISTRATION

I acknowledge and agree that the College may, at its option, immediately revoke, suspend or refuse to renew my registration if any information contained in this application is inaccurate or incomplete until such that the College has had the opportunity to reconsider my application. I agree to provide any additional information that may be required by the College to consider my application for registration. I also acknowledge and agree that I may be subject to disciplinary action, irrespective of whether my registration is revoked or suspended with the College, if I fail to provide current, correct and complete information to the College in respect to my application for registration.

REGISTRATION DECLARATION

I declare that all of the information on this form is current, correct and complete. I declare that all documents submitted with this application to the College are authentic true originals or true copies of original documents. I declare that I am of good character and am fit to practice, consistent with the responsibilities, ethics and standards expected of a Licensed Practical Nurse. I hereby certify that I am the person making application for registration as a Licensed Practical Nurse in Alberta and that all statements are true and complete in every respect. I understand that omission, inaccuracy, and falsification of information on this application may result in the cancellation of my application for registration or cancellation of any registration, which may be issued. I understand that my application for assessment of eligibility and/or registration is considered lapsed if required documentation is not received in the CLPNA office and I have not obtained registration within 6 months from my application date. I understand that after 6 months has lapsed I am required to reapply.

DECLARATION TO MAINTAIN REGISTRATION IN CURRENT JURISDICTION

I declare that if approved for Courtesy Registration I will maintain registration in my current jurisdiction as a requirement of Courtesy Registration being issued.

_____	9/14/21 _____
Applicant Signature (do not print)	Date (dd/mm/yy)

Submit completed application to registration@clpna.com

DECLARATION OF HOURS

Complete Section 1 for all employers in the past five years. If you have more than two employers, please print additional forms. Be sure to separate hours by year for each employer.

SECTION 1

PERSONAL (Please print)		
Current Legal Surname (Last Name)	Given Name (First Name)	Middle Name(s)
Maiden Name	Date of Birth (dd/mm/yy)	Sex ☐ Female ☐ Male
Apartment / Box No. / Address or Street No.		City / Town / Village
Province/State	Country	Postal Code / Zip Code
Telephone No.	Cell No.	Primary Language
E-mail Address (MANDATORY)		

EMPLOYMENT DETAILS (Please print)		
Facility Name	Job Title/Position	Unit/Area of Responsibility (check applicable boxes) ☐ Medical ☐ Mental Health/Psychiatry ☐ Surgical ☐ Community ☐ Obstetrics ☐ Gerontology/Long Term Care ☐ Pediatrics ☐ Other_____
Start Date (dd/mm/yy)	End Date (dd/mm/yy)	
Supervisor Name	Supervisor Job Title/Position	
EMPLOYMENT HOURS		
Year Employed	**Total Hours Worked**	
2024		
2023		
2022		
2021		
2020		

EMPLOYMENT DETAILS (Please print)		
Facility Name	Job Title/Position	Unit/Area of Responsibility (check applicable boxes) ☐ Medical ☐ Mental Health/Psychiatry ☐ Surgical ☐ Community ☐ Obstetrics ☐ Gerontology/Long Term Care ☐ Pediatrics ☐ Other_____
Start Date (dd/mm/yy)	End Date (dd/mm/yy)	
Supervisor Name	Supervisor Job Title/Position	
EMPLOYMENT HOURS		
Year Employed	**Total Hours Worked**	
2024		
2023		
2022		
2021		
2020		

SECTION 2 - Declaration

The information contained on this Declaration of Employment Hours form is true and correct. I make this declaration for the purpose of inducing the CLPNA to issue me a practice permit. I understand that CLPNA may request verification from my previous or current employers at their discretion. I understand that falsification of information provided on this application form is considered unprofessional conduct as per the Health Professions Act.

Signature:_____ Date:_____

DECLARATION OF EMPLOYMENT INFORMATION

Please check a box in all sections. If you have more than one position, please complete additional forms.

Section 1: LPN Employment Information (Alberta Employers ONLY) – Complete for each LPN employer		
Do you currently hold a position as an LPN in Alberta? ☐ Yes ☐ No		
Facility Name	Date of Last Shift Worked	Date of Next Scheduled Shift
Supervisor Name	Supervisor Phone	Supervisor Email

Section 2: Other Employment Information		
Do you currently hold a position in another health care role (i.e. Medical Office Assistant, Health Care Aide)? ☐ Yes ☐ No		
Facility Name	Date of Last Shift Worked	Date of Next Scheduled Shift
Supervisor Name	Supervisor Phone	Supervisor Email

Section 3: Declaration of Licensed Practical Nurse
Please check one applicable box (MANDATORY)
☐ I attest that **I have not and will not practice** (this includes – orientation, "buddy" shifts, or doing any training required in the role as an LPN) as a LPN in Alberta without an Active practice permit.
☐ I attest that **I have practiced** as a LPN (this includes – orientation, 'buddy shifts', or doing any training required in the role as an LPN) in Alberta without an Active practice permit. • *Please write date(s) worked below and supervisor's contact information.* • *Attesting to having practiced without a practice permit will result in a review by the CLPNA Complaints Director.* • *Employers will be contacted to verify this information.*

I am requesting registration with the CLPNA. Any of the information submitted in the above declaration is subject to verification by the CLPNA in accordance with the Health Professions Act (HPA), Licensed Practical Nurses Profession Regulation, CLPNA Bylaws and CLPNA policies. Working in certain positions within the health care sector and not holding a valid practice permit may be subject to review under Section 46(1) of the HPA. Additionally, it is considered an offence under the HPA to practice as an LPN without a valid practice permit in a position designated as an LPN position or to use the protected title as an LPN while not registered with the CLPNA. Contravention of the HPA may result in charges of unprofessional conduct and sanctions, including a fine. I understand my responsibilities as a regulated member of the CLPNA and if I did have any questions or concerns they were addressed prior to signing this Declaration of Employment Information. Signature of declaration
Applicant Name
Applicant Signature
Dated this (day) of (month) (year)

Section 4: OFFICE USE ONLY		
Verification Required ☐ Yes ☐ No		
Employer Contacted (1st Attempt)	Date	By
Employer Contacted (2nd Attempt)	Date	By
Information Confirmation Date:	By	
Referred to Conduct Department ☐ Yes ☐ No	Date	
Action Taken:		
Notes:		