



Verification of Registration in Another Jurisdiction

PART A: THIS SECTION TO BE COMPLETED BY THE APPLICANT

Under the mandate of the Health Professions Act, RSBC, 1996 c.183 & Regulations, the College of Licensed Practical Nurses of BC has received an application for registration from:

Name: _____

Address: _____

Telephone Number: _____ Cell phone Number: _____

Graduated from: _____
Name of Nursing School

Location: _____ Year: _____

Registration Number: _____ in _____

I hereby authorize the Registrar in _____

to send the required documentation directly to the College of Licensed Practical Nurses of BC.

Signature of Applicant _____

... over

**PART B: THIS SECTION TO BE COMPLETED BY THE REGISTRAR OR
DESIGNATE (NOT a school official)**

Education:

1. The applicant has successfully completed an approved program in:
 practical nursing diploma nursing other (specify) _____
2. Does the applicant hold a Pharmacology certificate Yes No Unknown
3. Does the applicant have the following competencies:
- | | | | |
|---|------------------------------|-----------------------------|----------------------------------|
| Surgical Asepsis (eg catheters/dressings) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Physical Assessments (including auscultation and percussion) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Administration of oral medications | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Subcutaneous injections | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Intramuscular & narcotic administration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Supporting intravenous therapy & blood products | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Taking and transcribing medication orders | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Examination:

4. Did the applicant **PASS** a regional/provincial/national comprehensive examination, such as:
 CNATS CPNRE Other (specify) _____ NONE
5. **Date** the exam was passed? _____
6. The examination was written in which language: English French

Registration:

7. Has the applicant met the educational requirements for registration in this jurisdiction?
 No. If **NOT** eligible to register, please state reason:

- Yes. The applicant was granted registration number _____ in _____ (year).
8. Is the applicant **currently** registered?
 No. Yes. The registration is: Practicing Non-Practicing
9. Has the applicant's registration ever been revoked or suspended? Yes No
If "yes", please specify:
 Misconduct or conduct unbecoming Fitness to practice
 Competency concerns Other (provide reason) _____

10. Has the applicant been issued registration with any conditions or limitations on his/her license? Yes No
If "yes", provide details _____

Signature of Registrar/Designate

Date

Jurisdiction

(Seal)