



APPLICATION TO COMPLETE

- COMPETENCE ASSESSMENT
- NURSING RE-ENTRY PROGRAM

LPN
 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 the completed application to the address noted above or through email to registration@nscn.ca, along with proof of your legal name if it has changed since you were last licensed with us.

SECTION A: PERSONAL INFORMATION

SURNAME		FIRST NAME		MIDDLE NAME	
PREVIOUS NAMES		NAME UNDER WHICH ORIGINALLY REGISTERED WITH NSCN		DATE OF BIRTH (MM/DD/YYYY)	
PERMANENT MAILING ADDRESS	CITY/TOWN	PROVINCE/STATE		COUNTRY	
REGISTRATION NUMBER		PHONE NUMBER		EMAIL ADDRESS	

SECTION B: REGISTRATION/LICENSURE

List all jurisdictions where you held registration as a **nurse or other regulated professional** since you were last licensed with NSCN. List the **most recent** organization/jurisdiction first.

NAME OF REGULATORY BODY	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 C: JUDICIAL QUESTIONS

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.	

SECTION D: PREVIOUS NURSING PRACTICE

Please record 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.

	HOURS	
NOVEMBER 1, 2022 TO PRESENT		INFORMATION ABOUT CALCULATING PRACTICE HOURS CAN BE FOUND ON OUR WEBSITE: NSCN.CA/REGISTRATION-LICENSING/GENERAL-LICENSING-INFORMATION/CURRENCY-PRACTICE .
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		

SECTION E: 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 on the NSCN website at www.nscn.ca/privacy-policy

In addition, I authorize NSCN to carry out the procedures necessary for the assessment of my eligibility for the competence assessment or nursing re-entry program. 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 will be cancelled, the competence assessment or nursing re-entry program 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.

PRINT NAME	DATE
SIGNATURE OF APPLICANT	