ASSOCIATION OF NEW BRUNSWICK LICENSED PRACTICAL NURSES
384 SMYTHE STREET FREDERICTON NEW BRUNSWICK E3B 3E4
TELEPHONE: 506-453-0747 OR 1-800-942-0222 FAX:506-459-0503
WWW.ANBLPN.CA

VERIFICATION OF REGISTRATION: LICENSED PRACTICAL NURSE

How to complete this form:

Step 1: Applicant should complete Section 1
Step 2: The nursing board should complete Section 2
Step 3: The nursing board should return the fully completed form to ANBLPN by mail or email execdirvor@npls.ca

IMPORTANT: ANBLPN will not accept this document if sent by the applicant; it must be sent by the nursing board.

SECTION 1: TO BE COMPLETED BY APPLICANT

PERSONAL (Please Print)

_____ Current Legal Surname (Last Name)	_____ Given Name (First Name)	_____ Middle Name(s)
_____ Maiden Name	_____ Date of Birth (DD/MM/YYYY)	_____ Primary Language
_____ Mailing Address	_____ City/Town/Village	_____ Province
_____ Country	_____ Postal Code/Zip Code	_____ Telephone No.
_____ Mobile No.	_____ Email Address	

EDUCATION & REGISTRATION (Please Print)

_____ Name of Nursing Program	_____ Name of Educational Institution	_____ Address of Educational Institution
_____ Graduation Date (dd/mm/yyyy)	_____ Name of Registration/Nursing Board	_____ Registration Number

I am seeking registration as a Licensed Practical Nurse in New Brunswick. I authorize _____ (name of registration/nursing board) to complete Section 2 of this form and mail the required documentation directly to the Association of New Brunswick Licensed Practical Nurses (ANBLPN).

_____ Applicant's Signature

_____ Date (dd/mm/yyyy)

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SECTION 2: TO BE COMPLETED BY REGISTRATION/NURSING BOARD

Current Legal Surname (Last Name) _____ Given Name (First Name) _____ Middle Name(s) _____

Nursing Educational Program _____ Completion Date (dd/mm/yyyy) _____

_____ Registered by ☐ Examination ☐ Endorsement

Educational Facility Address

Initial Registration Date _____ Expiry Date _____ Registration No. _____

Name of Examination Written _____ Date Examination Written _____ Language of Examination _____

Results Pass ☐ Fail ☐ Current Status ☐ Registered ☐ Inactive

1. Has the applicant's registration ever been revoked, suspended, or under review? Yes ☐ No ☐
2. Has the applicant's registration ever been made subject to conditions, limitations, restrictions, and/or an agreement with the board? Yes ☐ No ☐
3. Has the applicant ever voluntarily surrendered their registration with the board and/or any other jurisdiction? Yes ☐ No ☐
4. Has the applicant ever been denied registration? Yes ☐ No ☐
5. Have there every been any formal sanctions imposed against the applicant as a matter of public record? Yes ☐ No ☐
6. Is the applicant the subject of a current investigation, proceeding, outstanding, and/or unresolved complaint against them in relation to their practice? Yes ☐ No ☐

If "YES" is the answer to any of the questions, please attach documentation outlining action(s) taken.

_____ Signature of Registrar & Title

_____ Print Name

_____ Date (dd/mm/yyyy)

_____ Name of Licensing Authority

Official Seal