

Prince Edward Island
LPN Registration
Renewal

2012

Fee \$260

**Form & Fee Due
March 15th**

Date Received:

Amount:

Method of Payment:

Debit Visa/MC Cash PAPP Cheque

Visa & Master Card payments may be made by phone.
Do not include your card #'s with this form.

All credit card payments are subject to a
\$5 processing fee.

Debit card payments can only be made in person.

PEI LPNRB

Registration
Number:

Surname Name:

Legal Given Names:

Mailing
Address:

Postal Code:

Phone: (H)

Email:

Phone: (W)

Current Employer:

For Office Administration Purposes:

License: Approved Denied

Process Date:

Nursing Employment

Active Practicing :	Permanent <input type="checkbox"/>
	<input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time
Non-Practicing:	Casual <input type="checkbox"/>
	<input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time
Employed other than nursing:	<input type="checkbox"/> Family / Maternity Leave
	<input type="checkbox"/> Education Leave
	<input type="checkbox"/> Illness / Injury Leave
	<input type="checkbox"/> Retired
	<input type="checkbox"/> Other
Unemployed:	<input type="checkbox"/> Seeking Employment in Nursing
	<input type="checkbox"/> Not Seeking Employment in Nursing

Nursing Hours

Record all practice hours for the previous calendar year:
January 1 – December 31, 2011
 Do not count days you were absent from work i.e. vacation, sick days.

2011	↔
2010	
2009	
2008	
2007	
Total Hours Previous 5 Years	

You must maintain 1,000 practice hours over five years to maintain licensure as stated in the LPN Regulations for Prince Edward Island.

Select Appropriate Codes for Each Current Employer

Primary Employer			Secondary Employer			Third Employer		
Place of Work	Position	Responsibility	Place of Work	Position	Responsibility	Place of Work	Position	Responsibility

Codes for Place of Work		Codes for Position		Codes for Responsibility			
01	Hospital (general, maternity, pediatric, psychiatric)	06	LPN Staff Nurse / Community Health Nurse	01	Medical / Surgical	17	Public Health
02	Mental Health Center	08	LPN Instructor / Educator	02	Psychiatric / Mental Health		Other (specify)
03	Nursing Station (outposts or clinics)	12	LPN Coordinator / Care Manager	03	Pediatric		Administration
04	Rehabilitation / Convalescent Centre	13	LPN Specialty	04	Maternal / Newborn	21	Nursing Service
05	Nursing Home / Long Term Care		Other (specify)	05	Geriatric / Long Term Care	22	Nursing Education
06	Home Care Agency			06	Critical Care		Other (Specify)
07	Community Health / Health Center			07	Community Health		Education
08	Business / Industry/Occupational Health			08	Ambulatory Care	31	Teaching – Students
09	Private Nursing Agency/ Private Duty			09	Home Care	32	Teaching – Employees
10	Self-Employed			10	Occupational Health	33	Teaching – Patients / Clients
11	Physician's Office / Family Practice Unit			11	Operating Room / RR		Other (specify)
12	Education Institution			12	Emergency Care		Research
13	Association / Government			13	Several Clinical Areas	41	Nursing Research Only
14	Other (Specify) _____			14	Oncology	49	Other Research (specify)
15	Public Health			15	Rehabilitation		
Other: (specify) _____				16			

COMPLETED EDUCATION 2011:

Post Grad Pharmacology /Administration of Medications Course?

Yes <input type="checkbox"/> No <input type="checkbox"/>	School:	Have you requested a transcript of marks be sent to the LPNA? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Completion:	

Post Grad Health Assessment Course?

Yes <input type="checkbox"/> No <input type="checkbox"/>	School:	Have you requested a transcript of marks be sent to the LPNA? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Completion:	

Other Education:

Title:	Date of Completion:	School:
Title:	Date of Completion:	School:

Judicial or Disciplinary Decision:

(Please circle the appropriate response)

1. Have you ever been found guilty of or been convicted of any offence (s) criminal or otherwise within the last 12 months?

Yes or No

2. Are you currently under investigation by any registration / licensing authority?

Yes or No

3. Have you ever been disciplined by a registration / licensing authority for any occupation / profession in any province, state or country?

Yes or No

If you have answered yes to any of the above questions, the Registrar may request additional information, including a current criminal record check and/or official documentation with regards to any decisions made by another licensing authority.

Sign Here 

Signature of LPN

Date:

I certify that the information I have provided is correct. I am fit to practice. And, I understand that dedication to continuing competency is a requirement of the PEI LPN Act.

Practicing without a valid license:

Without a valid license, individuals are not authorized to practice as an LPN in Prince Edward Island. Practicing without a valid license constitutes unprofessional conduct and individuals may be subject to fees and/or sanctions.



Definitions:

Completed Application:	2012 PEI LPN application form & all associated fees
Late Fee:	Rate: \$50 per month charged to all applications received after March 15 th
Reinstatement Fee:	After March 31 st , a license will lapse. To re-activate a license, a reinstatement fee of \$50 must be paid.
Practice Declaration:	The declaration is a document, signed by the applicant, used by the regulatory body to determine if the applicant was practicing without a license.
Continuing Competency:	All active-practicing LPNs have committed to continuous learning and understand they must do so to meet the requirements of the LPN Code of Ethics.
Transcript of Marks:	Official record of marks from a high school, college and / or university.
Fitness to Practice:	All the qualities and capabilities of an individual relevant to his or her capacity to practice as a Licensed Practical Nurse, including, but not limited to freedom from any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practice practical nursing.

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