



LPN VERIFICATION OF REGISTRATION IN ANOTHER CANADIAN JURISDICTION

To be filled out by applicant					
Last name		First name(s)		Middle name(s)	
Other names by which you may be known		Email		Phone	
Mailing address		City	Prov./terr.	Postal code	Country
Location		Year	Jurisdiction		Registration/licence number
I hereby authorize the registrar in _____ to send the required documentation directly to Yukon Professional Licensing and Regulatory Affairs (PLRA).					
Applicant's signature			Date YYYY/MM/DD		

To be filled out by the registrar or designate		
Registration status <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other (specify): _____		Registration category <input type="checkbox"/> Full <input type="checkbox"/> Interim/temporary <input type="checkbox"/> Other (specify): _____
Initial registration date YYYY/MM/DD	Examination written <input type="checkbox"/> CPNRE <input type="checkbox"/> CNATS <input type="checkbox"/> Other (specify): _____	Examination results <input type="checkbox"/> Pass <input type="checkbox"/> Fail Date completed: YYYY/MM/DD
Registration expiry date YYYY/MM/DD		
Is there now, or has there ever been, any formal disciplinary action initiated against the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the applicant's registration or licence to practice nursing ever been made subject to conditions, limitations, restrictions, or an agreement with the regulator? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		
Has the applicant ever voluntarily surrendered their registration or licence to practice nursing to avoid a disciplinary review? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		
Has the applicant ever been denied registration or licensing to practice nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		
Have they ever been disciplined by a regulatory or licensing authority for practical nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a certified copy of the disciplinary action.		

I certify that the information given is true and complete.		
Name (print)		Title and professional designation
Jurisdiction		Address
Phone	Fax	Email
Authorizing signature		Date YYYY/MM/DD

Return form directly to PLRA:

By mail:

Professional Licensing and Regulatory Affairs (PLRA) (C-5)
 Box 2703
 Whitehorse, Yukon, Y1A 2C6

In person or by courier:

307 Black Street
 Whitehorse, Yukon, Y1A 2N1

By email:

lpn-rpn.plra@yukon.ca

Personal information is collected, used, and disclosed under the authority of Section 15(a)-(c) of the *Access to Information and Protection of Privacy Act* and under the Act associated to the profession related to the licence or certificate being requested. It will be used for the purposes of these Acts and their regulations including but not limited to eligibility of registration and licensure, practice assessment, and complaint-related matters. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional Licensing and Regulatory Affairs (PLRA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, or by email at inquiry.plra@yukon.ca