

**RENEWAL APPLICATION**  
FOR FULL AND INTERIM REGISTRATION LICENCES  
LICENSED PRACTICAL NURSES

**Mailing Address**

Registrar of Licensed Practical Nurses  
Professional Licensing and Regulatory Affairs  
Department of Community Services  
Box 2703, C-5  
Whitehorse, Yukon Y1A 2C6

**Office Location & Contact Information**

Main Floor, 307 Black Street  
Whitehorse, Yukon  
Phone: (867) 667-5111  
Fax: (867) 667- 3609  
Email: plra@gov.yk.ca

Applicant Name: \_\_\_\_\_

Former Name(s) used (such as maiden name): \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/Terr.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address (if different from Residential Address): \_\_\_\_\_

City: \_\_\_\_\_ Prov/Terr.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I am applying for the renewal of:

- Full Registration Licence (Complete Section A)
- Interim Registration Licence (Complete Section B)

**SECTION A – FULL REGISTRATION LICENCE**

**1. LICENCE STATUS:**

I currently hold a Full Registration Licence in Yukon.

- Yes     No

**2. CONTINUING COMPETENCE:**

***NOTE: You may be asked to provide additional proof of your professional practice hours, including continuing professional education, by the Registrar of Licensed Practical Nurses, either before or after the issue of any licence to authenticate the information contained in this application.***

I have accrued **at least** 1000 professional practice hours in the past 4 years.

- Yes     No

If YES:

Of my 1000 professional practice hours, **at least** 60 hours, but not more than 300, were spent on continuing professional education.

- Yes     No

Of my 1000 professional practice hours, **not more than** 300 hours were spent on volunteer service.

- Yes     No

### 3. PLACE OF PRACTICE AND STANDING:

a. During the **past 12 months**, I practiced practical nursing in the following jurisdictions:

- |   |   |
|---|---|
| <input type="checkbox"/> Yukon                  | <input type="checkbox"/> Ontario              |
| <input type="checkbox"/> North West Territories | <input type="checkbox"/> Quebec               |
| <input type="checkbox"/> Nunavut                | <input type="checkbox"/> New Brunswick        |
| <input type="checkbox"/> British Columbia       | <input type="checkbox"/> Nova Scotia          |
| <input type="checkbox"/> Alberta                | <input type="checkbox"/> Prince Edward Island |
| <input type="checkbox"/> Saskatchewan           | <input type="checkbox"/> Newfoundland         |
| <input type="checkbox"/> Manitoba               |   |

b. For each jurisdiction **other than Yukon** where I have practiced practical nursing during the **past 12 months**, I enclose proof of good standing.

- Yes  No

### 4. DISCIPLINE DISCLOSURE:

I am currently, or have been at any time, the subject of a disciplinary investigation, hearing or proceeding in relation to the profession of practical nursing.

- Yes  No

If YES, provide a declaration of full disclosure, which should include details for each disciplinary investigation, hearing or proceeding you have been a party to (attach on a separate piece of paper, if needed):

The disciplinary action(s) occurred in: \_\_\_\_\_ in \_\_\_\_\_  
*Place(s)* *Year(s)*

The nature of the disciplinary actions/proceedings and status/outcome:  
\_\_\_\_\_

### 5. CRIMINAL RECORD AND VULNERABLE SECTOR CHECK:

**NOTE: Pursuant to s.12(2)(e)(ii) of the Licensed Practical Nurses Regulation O.I.C. 2010/113, applicants seeking renewal of their full registration licence are required to ensure that the results of a full criminal record check, including Vulnerable Sector check, are provided to the Registrar of Licensed Practical Nurses every 5 years.**

I have provided the results of a full criminal record check, including a Vulnerable Sector check, to the Registrar of Licensed Practical Nurses **within the past 5 years**.

- Yes  
 No – I enclose the results of a full criminal record check, including Vulnerable Sector check, with this application.

No – \_\_\_\_\_  
*State reason why this requirement has not been met*

## SECTION B - INTERIM REGISTRATION LICENCE

### 1. LICENCE STATUS:

a. I currently hold an Interim Registration Licence in Yukon.

- Yes  No

If YES:

I first obtained a Interim Practice Registration Licence in Yukon in: \_\_\_\_\_  
*Year*

**2. EDUCATIONAL REQUIREMENTS:**

I am a graduate of: \_\_\_\_\_ Year: \_\_\_\_\_  
*Educational institution, nursing program* *Year of graduation*

I am registered to write the Canadian Practical Nurse Registration Examination (CPNRE) on: \_\_\_\_\_  
*Date*

**3. PLACE OF PRACTICE AND STANDING:**

During the **past 12 months**, I practiced practical nursing in the following jurisdictions:

- |   |   |
|---|---|
| <input type="checkbox"/> Yukon                  | <input type="checkbox"/> Ontario              |
| <input type="checkbox"/> North West Territories | <input type="checkbox"/> Quebec               |
| <input type="checkbox"/> Nunavut                | <input type="checkbox"/> New Brunswick        |
| <input type="checkbox"/> British Columbia       | <input type="checkbox"/> Nova Scotia          |
| <input type="checkbox"/> Alberta                | <input type="checkbox"/> Prince Edward Island |
| <input type="checkbox"/> Saskatchewan           | <input type="checkbox"/> Newfoundland         |
| <input type="checkbox"/> Manitoba               |   |

For each jurisdiction **other than Yukon** where I have practiced practical nursing during the **past 12 months**, I enclose proof of good standing.

- Yes     No

**4. DISCIPLINE DISCLOSURE:**

I am currently, or have been, the subject of a disciplinary investigation, hearing or proceeding in relation to the profession of practical nursing.

- Yes     No

If YES, provide details for each disciplinary investigation, hearing or proceeding you have been party to:

The disciplinary action(s) occurred in: \_\_\_\_\_ in \_\_\_\_\_  
*Place(s)* *Year(s)*

The nature of the disciplinary actions/proceedings and status/outcome:

\_\_\_\_\_

**5. SUPERVISION REQUIREMENTS:**

My supervisor(s) are: \_\_\_\_\_  
*Name of supervisor(s)*

I will be working at: \_\_\_\_\_  
*Name of health facility, business or clinic*

**PRESENT EMPLOYMENT**

- Practical nursing type:     Direct care at health facility                       Administration related to practical nursing  
     Education related to practical nursing                       Research related to practical nursing

Full-Time/Part-Time Status:     Full-Time     Part-Time/Casual

- Employment status:     10 Employed in practical nursing on a regular basis  
                                   11 Employed in practical nursing on a casual basis  
                                   20 Employed in other than practical nursing and seeking employment in practical nursing  
                                   21 Employed in other than practical nursing and not seeking employment in practical nursing  
                                   30 Not employed and seeking employment in practical nursing  
                                   31 Not employed and not seeking employment in practical nursing

Employed by more than one employer:     Yes     No

**PLACE OF WORK:**

**Primary Employer/worksite**

Primary work site \_\_\_\_\_ Primary worksite postal code: \_\_\_\_\_  
(e.g. Copper Ridge Place)

**Second Employer/worksite**

Second work site \_\_\_\_\_ Second worksite postal code: \_\_\_\_\_  
(e.g. Copper Ridge Place)

**Third Employer/worksite**

Third work site \_\_\_\_\_ Third worksite postal code: \_\_\_\_\_  
(e.g. Copper Ridge Place)

**PLACE OF WORK CODES:**

Enter one place of work code for each employer:

Primary Employer /Worksite

Second Employer /Worksite

Third Employer /Worksite

- |   |   |
|---|---|
| 01 Hospital (general, maternal, pediatric, psychiatric) | 08 Business/industry/occupational health office |
| 02 Mental health centre                                 | 09 Private nursing agency/private duty          |
| 03 Nursing station (outpost or clinic)                  | 10 Self-employed                                |
| 04 Rehabilitation/convalescent centre                   | 11 Physician's office/family practice unit      |
| 05 Nursing home/long-term care facility                 | 12 Educational institution                      |
| 06 Home care agency                                     | 13 Association/government                       |
| 07 Community health centre                              | 14 Other  |
|   | 17 Public Health Department/Unit                |

**PRIMARY AREA OF RESPONSIBILITY (CHOOSE ONLY ONE PER EMPLOYER/WORKSITE)**

In the applicable employer boxes below, please indicate which code number best describes your area of responsibility for that employer.

Primary Employer/ Worksite

Second Employer/ Worksite

Third Employer/ Worksite

**Direct Care**

- |                              |                                 |
|------------------------------|---------------------------------|
| 01 Medicine/surgery          | 10 Occupational Health          |
| 02 Psychiatric/mental health | 11 Operating room/recovery room |
| 03 Pediatric                 | 12 Emergency care               |
| 04 Maternity/newborn         | 13 Several clinical areas       |
| 05 Geriatric/long-term care  | 14 Oncology                     |
| 06 Critical care             | 15 Rehabilitation               |
| 07 Community Health          | 16 Palliative care              |
| 08 Ambulatory care           | 17 Public health                |
| 09 Home care                 | 19 Other direct care            |

**Administration**

- 21 Nursing service
- 22 Nursing education
- 29 Other administration

**Research**

- 41 Licensed practical nursing research only
- 49 Other research

**Education**

- 31 Teaching students
- 32 Teaching employees
- 33 Teaching clients/patients
- 39 Other education

**PRIMARY AREA OF RESPONSIBILITY (CHOOSE ONLY ONE PER EMPLOYER/WORKSITE)**

Enter one position code for each employer:

Primary Employer/ Worksite

Second Employer/ Worksite

Third Employer/ Worksite

- 06 LPN / Staff Nurse / Community Health Nurse
- 08 Instructor / Professor / Educator
- 11 Other
- 12 Coordinator / Care Manager
- 13 LPN Specialty: LPN with appropriate certification who provides services at an advanced level; e.g. dialysis clinic assistant, podiatric/foot care specialist, lactation consultant, operating room LPN/technician, orthopaedic technician, immunization, advanced ortho.

## CHECKLIST

### For application to renew my Full Registration Licence, I enclose:

- Signed Renewal Application Form, with completed **Section A** including declaration of continuing competency
- Proof of good standing for jurisdictions of practice other than Yukon
- Criminal background check, including Vulnerable sector check (if applicable, as required every 5 years)
- Registration fee on or before January 31 – \$200**
- Late registration fee after January 31 and before March 31 – \$240**
- Appendix A: Credit Card Information Form (if paying fees by credit card)

### For application to renew my Interim Registration Licence, I enclose:

- Signed Renewal Application Form, with completed **Section B** including CPNRE exam date and name of supervisor
- Proof of good standing for jurisdictions of practice other than Yukon
- Registration fee on or before January 31 – \$200**
- Late registration fee after January 31 and before March 31 – \$240**
- Appendix A: Credit Card Information Form (if paying fees by credit card)

**PRINT THIS FORM AND SIGN THE DECLARATION BELOW CONFIRMING THAT THE INFORMATION YOU HAVE PROVIDED IS ACCURATE.**

## DECLARATION OF APPLICANT

I certify that the information that I have provided is complete and correct.

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

**Providing false information can have serious consequences, including the rejection of your application or revocation of your licence/registration.**

The information collected in this form is used to determine eligibility for licensure, to maintain the Yukon register of licensed practical nurses and for research and statistical purposes related to health human resource planning. The latter is shared in non-identifiable form only. The information will be disclosed only in accordance with the *Access to Information and Privacy Protection Act*.

This page is intentionally left blank for printing purposes.  
For payment options of licence fees please see next page.

Yukon Government Branch of Professional Licensing and Regulatory Affairs  
can only accept payments by mail, phone and courier.

**MAIL**

Professional Licensing &  
Regulatory Affairs  
Department of Community  
Services (C-5)  
P.O. Box 2703  
Whitehorse, Yukon  
Y1A 2C6

**PHONE**

867-667-5111  
  
Or Toll Free  
Within Yukon  
1-800-661-0408  
Ext. 5111

**COURIER**

Professional Licensing &  
Regulatory Affairs  
Department of Community  
Services (C-5)  
307 Black Street  
Whitehorse, Yukon  
Y1A 2N1

*Fax or e-mail is not acceptable*

Name (print): \_\_\_\_\_

Profession: \_\_\_\_\_

New

Renewal

Other

**PAYMENT**

Amount \$ \_\_\_\_\_ *(Please refer to amount listed on application)*

VISA     MASTERCARD     AMEX

Number: \_\_\_\_\_

Expiry Date : \_\_\_\_\_

\_\_\_\_\_  
*Signature*

**YUKON GOVERNMENT DOES NOT PERMIT PHYSICAL OR  
ELECTRONIC STORAGE OF CARDHOLDER DATA.  
THIS INFORMATION WILL BE DESTROYED IN ACCORDANCE WITH YUKON GOVERNMENT POLICY &  
PAYMENT CARD INDUSTRY DATA SECURITY STANDARD.**