



LICENSED PRACTICAL NURSE (LPN) LICENCE RENEWAL APPLICATION

Use this form to renew your full, interim or inactive LPN licence. You must visit the appropriate web page listed below to complete your application package. Full instructions, forms and guidance documents are found on the web page.

- [Renew full LPN licence](#)
- [Renew interim LPN licence](#)
- [Renew inactive LPN licence](#)

For convenience, a brief checklist of required supporting documentation is provided below.

Renewal deadline: Submit your renewal application before **November 30** to ensure we can process your licence before it expires.

Supporting documentation checklist (More information is found on the application website.)

- Criminal record check including vulnerable sector check every 5 years. (Attached or sent to Professional Licensing and Regulatory Affairs (PLRA) directly from RCMP.)
- Verification of registration form. (Required if you are licensed in another jurisdiction. The form must be sent to PLRA directly from the jurisdiction.)
- Confirmation of CPNRE registration. (Required if you are renewing an interim licence.)
- Verification of employment form. (Submit if eligibility requires continuing competency.)
- Continuing education form with supporting documentation. (Submit if eligibility requires continuing competency.)
- Verification of volunteer service form. (Submit if applicable to continuing competency.)
- Continuing competency exemption form. (Submit with your continuing competency documentation if you are unable to meet the requirements.)
- Payment information form.



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Complete all sections of this application form. Do not leave a section blank. If a section is not relevant, mark the section as "not applicable."

<input type="checkbox"/> Full licence <input type="checkbox"/> Temporary full licence: Dates <u>YYYY/MM/DD</u> to <u>YYYY/MM/DD</u> <input type="checkbox"/> Interim licence <input type="checkbox"/> Inactive licence

Applicant information

Legal last name	Legal first name(s)	Legal middle name(s)		
Other names by which you may be known		Yukon licence number		
Email		Phone		
Mailing address	City	Prov./terr.	Postal code	Country
Physical address (if different from mailing address)	City	Prov./terr.	Postal code	Country

Education information

For interim renewals, state the date you are registered to write the Canadian Practical Nurse Registration Exam (CPNRE): YYYY/MM/DD

List any completed degrees/diplomas related to nursing that you have received in the past year or since you last held a Yukon licence.

Institution name	City, prov./terr., country	Start date	End date	Name of degree/diploma

Registration

State the jurisdiction(s) you are registered in as a LPN. (Ensure a verification of registration is obtained for each jurisdiction listed.)

Province/territory	Country

Employment

State the following for your current employer(s).

Employer name	City, prov./terr., country	Start date	End date	Email

Licence endorsements

List the endorsements you are applying for. (Attach completed endorsement form and supporting documents to the application package.)

Declarations

If you answer 'yes' to any question below, additional information may be requested.

Have you ever been denied registration or licensure by a registration or licensing authority for nursing in Yukon or any other health profession in Yukon or any other province, territory, state or country? Yes No

Do you have a criminal record? Yes No

Have you ever been subject to any investigative proceedings with respect to professional misconduct, incompetence, or incapacity, in nursing or any other health profession, in Yukon or any other province, territory, state or country? Yes No

Are you currently under investigation or involved in any proceedings which could result in the withdrawal of your nursing registration by a registration/licensing authority for nursing as a licensed practical nurse (LPN), registered psychiatric nurse (RPN) or registered nurse (RN) in any province, territory, state or country? Yes No

Are you or have you ever been registered in another health profession, other than nursing in any province, territory, state or country? Yes No
 If yes, what profession and in what jurisdiction? _____

Personal certification

Yes, I hereby certify that I am the person making application for registration as a licensed practical nurse in Yukon, and that all statements are true and complete in every respect. I understand that falsification of information on this application may result in the cancellation of my application for registration or cancellation of an issued licence.

Signature of applicant

YYYY/MM/DD
Date