

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
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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 after submitting your continuing education (ce) hours and professional practice hours by the Registrar of Licensed Practical Nurses in order to authenticate the information contained in this application.

I have accrued **at least** 1000 professional practice hours in the past 4 years. Yes No

- Proof of hours verified by Employer attached. [\(Form YG6520\)](#) Yes No
- Verification of Employment of Professional Practice hours attached Yes No
- If No, provide anticipated submission date _____

At least 60 hours, but not more than 300 hours were spent on continuing professional education. Yes No

- Proof of Continuing Education (CE) hours attached [\(Form YG6519\)](#) Yes No
- Verification of Continuing Education (CE) hours attached Yes No
- If No, provide anticipated submission date _____

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:

- Yukon
- North West Territories
- Nunavut
- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland

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

ADDITIONAL INFORMATION REQUIRED:

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)
- Verification of Professional Practice Hours
- Annual Continuing Education (CE) Record

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)
- Verification of Professional Practice Hours
- Annual Continuing Education (CE) Record

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.

Personal information is collected, used, and disclosed under the authority of Section 29(a) and (c) of the *Access to Information and Protection of Privacy Act* and under the Act associated to the profession related to the license being requested. It will be used for the purposes of these acts and their regulations, and to determine eligibility for licensure. It will also be used to maintain a public registry 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 & Regulatory Affairs (PLRA) Branch of Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse Y1A 2C6, by phone at 867-667-5111, by fax at 867-667-3609, or by email at plra@gov.yk.ca.

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.**