

Mailing Address

Registrar of Licensed Practical Nurses
 Department of Community Services
 Box 2703 C-5
 Whitehorse, Yukon Y1A 2C6

Office Info

Phone: 867-667-5111
 Fax: 867-667-3609
 Email: consumer@gov.yk.ca

Hand Delivery Address

Registrar of Licensed Practical Nurses
 3rd Floor, Andrew A. Philipsen Law Centre
 2134 2nd Avenue
 Whitehorse, Yukon



REGISTRATION RENEWAL FOR LICENSED PRACTICAL NURSES

Annual Renewal Fee \$30.00
 Late Penalty Fee \$50.00
 If received after December 31, total owing: \$80.00
 For your convenience we accept cash, cheques, post dated cheques, debit cards, MasterCard and Visa.
DO NOT BE LATE!
 Cheques payable to "Government of Yukon"

1. Name: _____

2. Mailing Address: _____ Phone Number: _____

3. Status of LPN Employment: Full Time Part Time Casual Not Nursing

PRESENT EMPLOYMENT

Practice status Active-practising
 Non-practising

Employment status (please circle as applicable)

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

Multiple employment Employed by more than one employer: Yes No

PLACE OF WORK

Indicate one practice area code for each employer:

Primary employer Secondary employer Third employer

_____ Employer's postal code _____ Employer's postal code _____ Employer's postal code

PRACTICE AREA CODING

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

PRIMARY AREA(S) OF RESPONSIBILITY

In the applicable employer boxes below, please indicate which code number best describes your job functions, for that employer.

Primary employer Secondary employer Third Employer

Direct Care

- 01 Medical/surgical
- 02 Psychiatric/mental health
- 03 Pediatric
- 04 Maternity/newborn
- 05 Geriatric/long-term
- 06 Critical Care
- 07 Community health
- 08 Ambulatory care

Home care

- 09 Home care
- 10 Occupational Health
- 11 Operating room/recovery room
- 12 Emergency care
- 13 Several clinical areas
- 14 Oncology
- 15 Rehabilitation
- 16 Palliative care
- 19 Other

Administration

- 21 Nursing service
- 22 Nursing education
- 29 Other
- Education**
- 31 Teaching students
- 32 Teaching Employees
- 33 Teaching clients
- 39 Other

Research

- 41 Nursing research
- 49 Other

Section to be completed by supervisor/employer who can verify actual hours performing the functions of an LPN. If additional employers, please submit information on the back of this application form.

Primary Employer is: Signature of Supervisor/Employer	Secondary Employer is: Signature of Supervisor/Employer	Third Employer is: Signature of Supervisor/Employer
Name of Supervisor (please print)	Name of Supervisor (please print)	Name of Supervisor (please print)
Title:	Title:	Title:
LPN Hours worked in current year	LPN Hours worked in current year	LPN Hours worked in current year
LPN designated position: Yes <input type="checkbox"/> No <input type="checkbox"/>	LPN designated position: Yes <input type="checkbox"/> No <input type="checkbox"/>	LPN designated position: Yes <input type="checkbox"/> No <input type="checkbox"/>

If not a LPN designated position please attach a comprehensive job description for approval.

OTHER EDUCATION IN NURSING AND OTHER THAN NURSING

Write corresponding number in both boxes if applicable.

01 Diploma	}	<input type="checkbox"/> In nursing (non-LPN) <i>indicate highest level</i>
02 Bachelor's Degree		
03 Master's Degree		
04 Doctorate		<input type="checkbox"/> In other than nursing <i>indicate highest level</i>
05 None		

OTHER LNA/LPN EDUCATION

In the last 12 months, have you completed specific LNA/LPN training, leading to a certificate or a diploma.

Yes No

Name of educational course leading to diploma or certificate

Institution _____

Territory/province _____

Year _____

JUDICIAL OR DISCIPLINARY DECISION

Check the correct answer. Please attach an explanation if you answer yes to any of the following questions.

- In the last year have you ever been convicted of any indictable offence(s) for which you have not received a pardon? Yes No
- In the last year are you awaiting any decision regarding disciplinary action by any registration or licensing authority? Yes No
- Have you ever been disciplined by a registration or licensing authority for any occupation or profession in any territory, province, state or country? Yes No

CERTIFICATION

Non identifiable information is being shared with Canadian Institute of Health Information (CIHI) for statistical purposes only. Information on CIHI data collection and privacy policies can be obtained at www.cihi.ca

I certify the information on this form is true and complete and understand that falsifying information may be viewed by the Registrar as a factor in determining whether I am a "suitable candidate for licensure".

I certify that the information contained in this form is true and correct.

Print Name

Date

Signature of Applicant