

**INACTIVE APPLICATION**  
FOR **NEW** INACTIVE REGISTRATION LICENCE AND  
**RENEWAL** OF INACTIVE REGISTRATION LICENCE  
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: \_\_\_\_\_ Licence Number: \_\_\_\_\_

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:**

- A new Inactive Registration Licence (Complete Section A)**
- Renewal of my Inactive Registration Licence (Complete Section B)**

**SECTION A – NEW INACTIVE REGISTRATION LICENCE**

**1. LICENCE STATUS:**

**Note: Pursuant to s.8(1) of the Licensed Practical Nurses Regulation, to be eligible for an inactive registration licence a person must hold a full registration licence immediately before applying.**

I currently hold a Full Registration Licence in Yukon.

- Yes     No

**2. CURRENT AND UPCOMING PRACTICE STATUS**

**Note: Pursuant to s.8(4) of the Licensed Practical Nurses Regulation, an LPN holding an inactive licence must not practice practical nursing in Yukon.**

*“Practical nursing” is defined as: “the application of professional practical nursing education, knowledge, skill and judgment to promote health, prevent illness, minimize the effects of illness and developmental challenges and assist individuals, families, groups and communities to achieve an optimal state of health, and includes education, administration and research related to practical nursing”*

a. I am currently practicing practical nursing in Yukon.

- Yes     No

If YES, provide explanation if you are practicing practical nursing in Yukon.

b. I will practice practical nursing in Yukon sometime in the next 12 months.

- Yes     No

If YES, provide an explanation if you plan to practice practical nursing in the near future.

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### 3. PLACE OF PRACTICE AND STANDING:

***Note: Pursuant to s.12(2)(d)(i) an LPN seeking renewal of their licence is required to provide proof of good standing in each jurisdiction where they have practiced practical nursing. The Registrar will accept a verification of registration from an LPN college or regulator.***

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 (such as a certificate or other official document issued by that jurisdiction).

- 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 licensed 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:

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### 5. CONTINUING COMPETENCY

I understand that if I wish to return to practice as a licensed practical nurse in Yukon, by obtaining a Full Registration Licence, I will be required to meet the continuing competency requirements in s.17 of the *Licensed Practical Nurses Regulation*.

- Yes     No

This includes:

- Collecting at least 1000 professional practice hours in the 4 years *immediately* preceding an application for full licence; and
- Collecting at least 60 professional education hours in the 4 years *immediately* preceding an application for full licence.

## SECTION B – RENEWAL OF INACTIVE REGISTRATION LICENCE

### 1. LICENCE STATUS:

I currently hold an **Inactive** Licence in Yukon.

- Yes     No

### 2. CURRENT AND UPCOMING PRACTICE STATUS

**Note: Pursuant to s.8(2) of the Licensed Practical Nurses Regulation, an LPN holding an inactive licence must not practice practical nursing in Yukon.**

*“Practical nursing” is defined as: “the application of professional practical nursing education, knowledge, skill and judgment to promote health, prevent illness, minimize the effects of illness and developmental challenges and assist individuals, families, groups and communities to achieve an optimal state of health, and includes education, administration and research related to practical nursing”*

a. I am currently practicing practical nursing in Yukon.

- Yes     No

If YES, provide explanation if you are practicing practical nursing in Yukon.

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b. I will practice practical nursing in Yukon sometime in the next 12 months.

- Yes     No

If YES, provide an explanation if you plan to practice practical nursing in the near future.

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### 3. PLACE OF PRACTICE AND STANDING:

**Note: Pursuant to s.12(2)(d)(i) an LPN seeking renewal of their licence is required to provide proof of good standing in each jurisdiction where they have practiced practical nursing. The Registrar will accept a certificate or letter from a college or other regulator of Licensed Practical Nurses as proof of good standing.**

a. During the **past 12 months**, I practiced **outside Yukon** as licensed practical nurse in the following jurisdictions:

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

b. For each jurisdiction **other than Yukon** where I have practiced as a licensed practical nurse during the **past 12 months**, I enclose proof of good standing (such as a certificate or other official document issued by that jurisdiction).

- Yes     No

### 4. CONTINUING COMPETENCY

I understand that if I wish to return to practice as a licensed practical nurse in Yukon, by obtaining a Full Registration Licence, I will be required to meet the continuing competency requirements in s.17 of the *Licensed Practical Nurses Regulation*.

- Yes     No

This includes:

- Collecting at least 1000 professional practice hours in the 4 years immediately preceding an application for full licence; and
- Collecting at least 60 professional education hours in the 4 years immediately preceding an application for full licence.

## CHECKLIST

For application to receive a new Inactive Registration Licence, I enclose:

- Signed Application Form, with completed **Section A**
- Proof of good standing\* for jurisdictions of practice other than Yukon
- Registration fees - \$80 (Processing fee + Annual fee)**
- Appendix A: Credit Card Information Form (if paying fees by credit card)

For application to renew my Inactive Registration Licence, I enclose:

- Signed Application Form, with completed **Section B**
- Proof of good standing\* for jurisdictions of practice other than Yukon
- Registration fees on or before March 31 - \$40 (Annual fee)**
- Registration fees after March 31 - \$80 (Annual fee + Reinstatement fee)**
- Appendix A: Credit Card Information Form (if paying fees by credit card)

*\*The Registrar will accept a verification of registration from an LPN college or regulator.*

**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.**

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*

*For security reasons we cannot accept personal financial information by email or fax.*

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.**