



LICENSED PRACTICAL NURSE (LPN) REINSTATEMENT APPLICATION

You must visit the [LPN reinstatement application web page](#) to complete your application package. Full instructions, forms and guidance documents are found on the web page.

Apply for reinstatement of your licence if you want to work again in Yukon. For convenience, a brief checklist of required supporting documentation is provided below.

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

- Copies of 2 pieces of government-issued ID.
- If you are an international graduate, proof of eligibility to work in Canada.
- Notarized copies of diplomas for additional education you received since you were last licensed in Yukon.
- 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.)
- Verification of employment form. (Submit if eligibility requires continuing competency.)
- Continuing education form. (Submit if eligibility requires continuing competency.)
- Verification of volunteer service letter. (Submit if applicable to continuing competency.)
- 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.”

Applicant information					
Legal last name	Legal first name(s)	Legal middle name(s)			
Other names by which you may be known	Yukon licence number	Date of birth <i>YYY/MM/DD</i>			
Email			Phone		
Mailing address	City	Prov./terr.	Postal code	Country	
Physical address <i>(if different from mailing address)</i>	City	Prov./terr.	Postal code	Country	
Education information					
Name of the nursing program you completed			Date you completed the program <i>YYYY/MM/DD</i>		
Name of the educational institute you attended to complete the program					
City/town, province/territory of institute			Country of institute		
If you are reinstating a full or inactive licence, list the date you passed the Canadian Practical Nurse Registration Exam (CPNRE):			<i>YYYY/MM/DD</i>		
If you are reinstating an interim licence, list the date you are registered to write the CPNRE:			<i>YYYY/MM/DD</i>		
List any completed degrees/diplomas 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 jurisdictions 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	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

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 licence being requested. It will be used for the purposes of these acts and their regulations and to determine eligibility for licensure/registration. It will also be used to maintain a public register 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 and Regulatory Affairs (PLRA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, or by email at lpn-rpn.plra@gov.yk.ca.