



# CONFIRMATION OF PROGRAM COMPLETION

FROM REGULATORY BODY

LPN |  RN

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This form is to be completed by **new graduates** from **outside** Nova Scotia, but within Canada, who are applying for registration and licensure in Nova Scotia and are not registered in another Canadian jurisdiction.

1. You must complete Section A and then:
2. Forward to registering/licensing authority in the province in which you have completed your nursing education program to complete section B.

## SECTION A

SURNAME	GIVEN NAMES	BIRTH/FORMER NAME
DATE OF BIRTH	SCHOOL OF NURSING	CITY/PROVINCE
GRADUATION DATE (MM/DD/YY)	SIGNATURE	DATE

## SECTION B

To be completed by the registering/licensing authority and forwarded directly to the Nova Scotia College of Nursing.

ACTING ON BEHALF OF THE	REGISTERING/LICENSING AUTHORITY			
I DO HEREBY CERTIFY THAT	SURNAME	GIVEN NAME(S)	ORIGINAL BIRTH NAME	
IS A GRADUATE OF	SCHOOL OF NURSING	CITY	PROVINCE	DATE (M/D/Y)
AND THAT THIS SCHOOL OF NURSING WAS APPROVED BY THE REGISTERING/LICENSING AUTHORITY AT THE TIME THIS PROGRAM WAS COMPLETED.				
THIS CANDIDATE: (CHECK <b>ONE</b> ONLY)				
<input type="checkbox"/> IS ELIGIBLE TO TAKE THE REGISTRATION EXAM (NCLEX-RN OR CPNRE)				
<input type="checkbox"/> IS SCHEDULED TO TAKE THE REGISTRATION EXAM ON _____ (MM/DD/YY)				
<input type="checkbox"/> HAS TAKEN THE REGISTRATION EXAM AND IS AWAITING THE RESULTS				
<input type="checkbox"/> HAS TAKEN THE REGISTRATION EXAM AND PASSED: EXAMINATION _____ DATE _____				
<input type="checkbox"/> HAS TAKEN THE CRNE _____ TIMES _____ (DATES)				
<input type="checkbox"/> HAS TAKEN THE NCLEX-RN _____ TIMES _____ (DATES)				
<input type="checkbox"/> HAS TAKEN THE CPNRE _____ TIMES _____ (DATES)				

NAME	SIGNATURE
POSITION	DATE
PHONE NUMBER	EMAIL ADDRESS