

Phone: 1.306.525.1436  
Toll Free: 1.888.257.2576  
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## SALPN IEN ASSESSMENT as a Licensed Practical Nurse

## APPLICATION FOR ASSESSMENT

### PERSONAL (Please Print)

Current Legal Surname (Last Name)	Given Name (First Name)	Middle Name(s)
Maiden Name	Date of Birth (dd/mm/yy)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Apartment / Box No. / Address or Street No.		City / Town / Village
Province/State	Country	Postal Code / Zip Code
Telephone No.	Cell No.	Alternate
E-mail Address (MANDATORY)		

### PERSONAL DECLARATION (check all applicable)

1. Have you ever applied for registration/licensure in Saskatchewan previously?  Yes  No
2. Have you applied for registration/licensure in any Canadian province or territory?  Yes  No
3. Have you ever been denied registration/licensure by a registration/ licensing authority for nursing in Saskatchewan or any other health profession in Saskatchewan or any other province, territory, state or country (excluding SALPN)?  Yes  No
4. Have you ever been subject to any investigative proceedings with respect to professional misconduct or incompetence, in nursing by any regulatory body, in Saskatchewan or any other province, territory, state or country (excluding SALPN)?  Yes  No
5. Are you currently under investigation or involved in any proceedings, which could or has resulted in the encumbrance of your nursing registration by:
  - a. A registration/licensing authority for nursing LPN/RPN/RN in any province, territory, state or country?  Yes  No
  - b. Another health profession (other than nursing) in any province, territory, state or country?  Yes  No
  - c. Any other profession in any province, territory, state or country?  Yes  No
6. Have you been charged with or convicted of a criminal offense? If yes, please explain and attach an updated Criminal Record Check (original copy)  Yes  No
7. Have you pleaded guilty or been found guilty of a criminal offence for which a pardon has been granted?  Yes  No
8. Do you have any physical or mental condition or disorder that may impair your ability to provide safe, competent and ethical care? **If you have answered yes to question 8, answer the questions below; otherwise leave questions (a) and (b) blank.**  Yes  No
  - a. If "Yes", are you under the care of a physician or healthcare team?  Yes  No
  - b. If "Yes", are you following medical advice?  Yes  No

**If any circumstances change throughout the year, you are required to contact SALPN.**

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<b>(Please Print: If you answered 'YES' to any question on the Personal Declaration, provide a brief explanation, add a separate piece of paper if needed)</b>

<b>ADDITIONAL APPLICATION REQUIREMENTS (You must also submit the following with your application form or it may be considered incomplete, please verify.)</b>
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- |   |
|---|
| <input type="checkbox"/> I have included an original Criminal Record Check which has been obtained within the last 6 months.  |
| <input type="checkbox"/> I have included \$250.00 for the non-refundable application fee. (Visa/MasterCard payable on the credit card authorization form, cheque, certified cheque or money order payable to SALPN. Please do not mail cash.) |

<b>PRIVACY STATEMENT</b>
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I acknowledge that the information contained in this form is being collected and will be used for the purpose of assessing my application for licensure. This information will be maintained on my file and may also be used to assess my application for renewal of my practicing renewal in the future or for the purpose of a discipline proceeding under the LPN Act, 2000. The information contained in this form will only be disclosed pursuant to the provisions in the *LPN Act, 2000*, the *Personal Information Protection Act*, as otherwise required by law, unless your consent to disclose the information has been obtained.

<b>CONSENT TO REVOCATION/SUSPENSION OF LICENSURE</b>
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I acknowledge and agree that the SALPN may, at its option, immediately revoke, suspend or refuse to renew my licensure if any information contained in this application is inaccurate or incomplete until such that the SALPN has had the opportunity to reconsider my application. I agree to provide any additional information that may be required by the SALPN to consider my application for licensure. I agree to return my licensure to the SALPN as requested in the event that my licensure is revoked or suspended. I also acknowledge and agree that I may be subject to disciplinary action, irrespective of whether my licensure is revoked or suspended with the SALPN, if I fail to provide current, correct and complete information to the SALPN in respect to my application for licensure.

<b>LICENSURE DECLARATION</b>
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I declare that all of the information on this form is current, correct and complete. I declare that all documents submitted with this application to the SALPN are authentic true originals or true copies of original documents. I declare that I am of good character and am fit to practice, consistent with the responsibilities, ethics and standards expected of a Licensed Practical Nurse. I hereby certify that I am the person making application for licensure as a Licensed Practical Nurse in Saskatchewan and that all statements are true and complete in every respect. I understand that omission, inaccuracy, and falsification of information on this application may result in the cancellation of my application for licensure or cancellation of any licensure, which may be issued. I understand that my application for assessment of eligibility and/or licensure is considered lapsed if required documentation is not received in the SALPN office and I have not obtained licensure within 2 years from my application date. I understand that after 2 years have lapsed I am required to reapply.

<p>_____</p> <p>Applicant Signature (do not print)</p>	<p>_____</p> <p>Date (dd/mm/yy)</p>
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**SALPN IEN ASSESSMENT as a Licensed Practical Nurse** **COMPETENCY SELF-CHECKLIST**

Please indicate with a checkmark if the following competencies were part of your basic nursing education, post-basic education or employer delivered education and send directly to the SALPN.

Competency	Basic Education	Post Basic Education	Employer Delivered Education
Health Assessment (indicate length of course)			
Admin of Meds (without narcotics)			
Admin of Meds (with narcotics)			
Subcutaneous Injections			
IM injections			
Maintenance of peripheral IV			
Initiating peripheral IV			
Initiating Blood & Blood products			
Physician orders (taking and transcribing)			
Central Lines (theory)			

\_\_\_\_\_  
 Name - Print

\_\_\_\_\_  
 Signature

**SALPN IEN ASSESSMENT as a  
Licensed Practical Nurse**

**AUTHORIZATION TO SHARE RECORDS**

I authorize Cara Brewster, Registrar of the Saskatchewan Association of Licensed Practical Nurses (SALPN) to discuss my record and any documentation I have submitted if required with:

- The Saskatchewan Institute of Applied Science and Technology (SIAST)
- Nursing regulatory bodies licensed with (if applicable)

for the purpose of the assessment of my nursing competencies and credentials for potential licensure with the SALPN.

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Name

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Signature

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Date

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Telephone Number

**SALPN IEN ASSESSMENT  
APPLICATION**

**CREDIT CARD AUTHORIZATION FORM**

**PAYMENT INFORMATION (please print)**

Date:		Amount:	<b>\$250.00</b>		
Payment Description:	<b>IEN ASSESSMENT APPLICATION FEE - \$250.00</b>				

**PERSONAL INFORMATION (please print)**

Name:					
Address:					
City:		Province:		Postal Code:	
Phone:		Cell:			
Email:					

**CREDIT CARD INFORMATION (please print)**

Cardholder Name:					
Credit Card #:					
Expiry Date:	Month:	Year:	Credit Card:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
Signature:			Date:		