

**CENTRE FOR NURSING STUDIES  
CONTINUING NURSING STUDIES**

**RE-ENTRY PROGRAM  
FOR LICENSED PRACTICAL NURSES**

**REGISTRATION FORM**

**SECTION I**

First Name	Middle Name	Last Name	Maiden Name
Street Address	City/Town	Province	Postal Code
Phone (Home)	Phone (Business)	Phone (Cell)	Social Insurance Number
E-Mail Address (Compulsory)	Emergency Contact Person		Telephone
CPR certification date	CPR expiry date		
Desired Date to Commence Program/Course	Number of years since last practicing as an LPN		

**SECTION II: \$6000.00**

The Centre for Nursing Studies accepts online payment by Visa and MasterCard. A *non-refundable* 1.75% convenience fee will be applied to credit cards. Online payments can be completed at

<https://payments.easternhealth.ca/cns>

Payment by cash, cheque or debit card can be made by visiting the Business Office at Southcott Hall during regular business hours.

**For payment by mail, please use:**

**Business Office**

Centre for Nursing Studies  
Southcott Hall  
100 Forest Road  
St. John's, NL A1A 1E5

**Sponsored students must complete the following information.**

Sponsoring Agency:	Contact Person:
Address:	
Phone No.	Fax No.                      E-Mail:

**SECTION III: POST SECONDARY EDUCATION** (University, Technical, Vocational, Nursing, Workshops, In-Services, First Aid, CPR, Etc.)

Institution	Location	Program Of Study	Certificate / Diploma	Year/s Attended

**SECTION IV: REFERENCES:** Please print the names, full addresses, and telephone numbers of two individuals providing your references.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

**SECTION V: EMPLOYMENT HISTORY** (beginning with most recent):

Nursing: \_\_\_\_\_

Other Employment in Nursing: \_\_\_\_\_

**LEARNER CANNOT COMMENCE COURSE UNTIL PROOF OF ELIGIBILITY FOR LPNS IS VERIFIED BY CLPNL AND SUBMITTED TO CNS.**

**Check List:**

- CNS Registration Form
- Completed Eligibility Form (signed by CLPNL)
- Copy of License

I hereby verify that the information given on this Registration Form is correct. I agree to be governed by the policies, rules, and regulations as set forth by the Centre for Nursing Studies.

Permission is granted to The Centre for Nursing Studies to: i) contact previous employers and/or educational institutions to obtain personal references, to verify educational background, and/or to provide the clinical preceptor with this information ii) provide verification of successful course completion to the licensing body and/or sponsoring agency.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Learner

Fax 777-8176

academic program. Contact information may be shared with other agencies as it pertains solely to the administration of the program/course for which you have applied or as authorized by law. If you have any questions about the collection, use, or disclosure of information on this form, please call (709) 777-8160.