

SALPN Status Change **PRACTICING TO NON-PRACTICING**

PERSONAL (Please Print)		
Last Name _____	First Name _____	Middle Name(s) _____
Maiden Name _____	SALPN Registration Number _____	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 _____
I would like to change my status from Practicing to Non-Practicing effective: _____ <div style="text-align: right; margin-left: 200px;"><i>(MM/DD/YYYY)</i></div>		
E-mail Address (MANDATORY) _____		

I would like to change my status from Practicing to Non-Practicing for the following reason(s) (please choose one):

- I am Retiring
 I am on Disability Leave Benefits
 I am on Worker’s Compensation Benefits
 I am moving outside of Saskatchewan
 Education Leave
 I am on Sickness or Illness Leave
 I am on or beginning Maternity/Paternity Leave
 Other (please provide details):

LPN EMPLOYMENT INFORMATION	
Name of Facility: _____	Start Date: _____
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/>	
Area of Responsibility: _____	
Name of Facility: _____	Start Date: _____
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/>	
Area of Responsibility: _____	

CURRENT LICENSURE STATUS

Are you currently licensed/registered as an LPN in another Canadian jurisdiction? Yes No

If yes, what jurisdiction:

CRIMINAL RECORD INFORMATION

Have you been charged with or convicted of a criminal offense since the date of your last renewal? Yes No

If yes, please explain below and attach an updated criminal record check from your local Police Department or RCMP Detachment.

FITNESS TO PRACTICE

SALPN requires all new applicants and regulated members (LPNs currently registered with SALPN) to report on their fitness to practice when applying for initial registration and registration renewal/changes. Regulated members are obligated to also report on any changes to their fitness to practice at any time during the registration year.

Do you have, or has anyone ever advised you that you have, a physical, cognitive, mental and/or emotional condition which in any way may reasonably be expected to pose a risk of harm to patients or negatively impact your work as a Licensed Practical Nurse?

If you have a current physical limitation that is expected to be short term in nature (broken bone or recent surgical procedure, etc.) and full recovery is expected, fitness to practice concerns may not apply.

Yes No

DECLARATION

Please complete the below section if you are changing your registration status due to Disability, Sick/Illness Benefits, Worker's Compensation Benefits, or SGI Benefits ONLY.

I understand that it may not be in my best interest to change from Practicing to Non-Practicing in cases where I may need to be fully licensed as a LPN in Saskatchewan to continue receiving Disability, Sick/Illness, WCB or SGI benefits.

I understand that it my professional responsibility to educate myself of the licensure obligations, if any, required to remain in 'good standing' for Disability, Sick/Illness, WCB, or SGI benefits.

ATTESTATION

I attest that the information declared on this status change form is true and correct,

Signature

Date

Toll Free: 1.888.257.2576
Fax: 1.306.347.7784

Saskatchewan Association of
Licensed Practical Nurses
2208 E Victoria Ave, Regina, SK S4N 7B9



REQUIREMENTS OF STATUS CHANGE

With this form, please submit:

1. \$50.00 Registration Fee.
2. Verification of Registration/Licensure from another Canadian jurisdiction if applicable.

**Your status change request will not proceed until the licensure fee is received and processed.
Please allow a minimum of 10 days processing time.**

Mail cash, cheque, or money order with application to:
Saskatchewan Association of Licensed Practical Nurses
2208 E Victoria Avenue
Regina, SK S4N 7B9
Canada

CREDIT CARD PAYMENT (\$50 Non-Practicing Certification Fee)

VISA Card Number: _____ Amount to be charged: \$ _____
MasterCard Expiry date _____ MM/YY Signature _____