

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



SALPN Status Change

NON-PRACTICING TO PRACTICING

PERSONAL (Please Print)

_____	_____	_____
Last Name	First Name	Middle Name(s)
_____	_____	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Maiden Name	SALPN Registration Number	
_____	_____	_____
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 Non-Practicing to Practicing effective: _____		
<i>(MM/DD/YYYY)</i>		
E-mail Address (MANDATORY) _____		

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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

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If yes, please explain below and attach a current police information check.

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. 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

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

Signature

Date

REQUIREMENTS OF STATUS CHANGE

With this form, please submit:

1. \$400.00 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 (\$400 licensure fee, prorated to \$200 after Oct. 1)

VISA Card Number: _____ Amount to be charged: \$ _____

MasterCard Expiry date _____ Signature _____
MM/YY