

# Extension Request Application

Saskatchewan Association of  
Licensed Practical Nurses



## Section A - Personal Information (please print)

Name \_\_\_\_\_  
*First Middle Last*

Date of Birth \_\_\_\_\_  
*MM/DD/YYYY*

Address \_\_\_\_\_  
*Street Name City/Town Prov/State Postal Code*

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Section B - Extension Request

For the SALPN to properly assess an extension request, the member must:

- Complete an application in writing, outlining the request and reason(s) why the minimum hour requirement wasn't met;
- Pay the \$100.00 application fee;
- Submit documentation from a physician or other health professional, manager, employer verifying the Member's leave from work for the extended period;
- Submit documentation from an employer, Human Resource (HR) department, or manager verifying the employment the member will be returning to, if applicable;
- Submit documentation from the employer, HR department, or manager verifying the hours the LPN has worked, including overtime and statutory holidays, in the previous 5-year period, if applicable;
- Submit a plan explaining how the LPN intends to accumulate the required hours, including the anticipated date of completion; and
- Submit any other pertinent information as determined by the SALPN Registrar

*Please Note:*

*Upon successful completion of these requirements, the SALPN will determine eligibility and process licensure if applicable. The SALPN will contact extension applicant with decision*

## Section C - Payment (\$100 fee)

Credit Card Payment

Visa  Mastercard  Other

Card Number: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Expiry date \_\_\_\_\_ Signature \_\_\_\_\_  
*MM/YY*

Cash  Money Order  Cheque  NOTE: Please include cash, cheque or money order with this application