



CONFIRMATION OF PROGRAM COMPLETION

FROM SCHOOL OF NURSING

LPN | RN

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 registration@nscn.ca

This form is to be completed by:

- **new graduates** from **outside** Nova Scotia, but within Canada, who wish to be approved to take the registration examination (NCLEX-RN or CPNRE) **and/or**
- require conditional registration and licensure through the Nova Scotia College of Nursing (NSCN)

Complete Section A and forward to the Director of Nursing at the college or university where you completed your program.

SECTION A

SURNAME	GIVEN NAMES	BIRTH/FORMER NAME
DATE OF BIRTH	SCHOOL OF NURSING	CITY/PROVINCE
GRADUATION DATE (MM/DD/YY)	SIGNATURE	DATE

SECTION B

To be completed by the Director of your school of nursing or designate and forwarded **directly** to the Nova Scotia College of Nursing.

I CONFIRM THAT THE ABOVE NAMED APPLICANT COMPLETED THE REQUIREMENTS OF THE NURSING EDUCATION PROGRAM ON		MM/DD/YY
THIS APPLICANT IS: (CHECK ONE ONLY)		
<input type="checkbox"/> IS ELIGIBLE TO GRADUATE		
<input type="checkbox"/> GRADUATED ON _____ (MM/DD/YY)		
SCHOOL OF NURSING	CITY	PROVINCE
AT THE TIME THE ABOVE PROGRAM WAS TAKEN, THE SCHOOL WAS APPROVED BY:		REGULATORY BODY
DATE	SIGNATURE	
NAME (PLEASE PRINT)		POSITION TITLE
SCHOOL OF NURSING	CITY	PROVINCE