



Newfoundland and Labrador College of Nurses
1033 Topsail Road, Mount Pearl, NL A1N 5E9
<https://nlcn.ca>

Telephone: 709 753 6040
Fax: 709 753 4940
Email: registration@nlcn.ca

FOR TEMPORARY NURSE PRACTITIONER LICENCE APPLICANTS WHO ARE SEEKING EMPLOYMENT IN AN NP ROLE IN NEWFOUNDLAND AND LABRADOR

It is a condition of a Temporary NP Licence issued by the College that the applicant validate to the NL College of Nurses that they have a collaborative arrangement with a licenced nurse practitioner or physician, who is also employed by or has privileges with Newfoundland and Labrador Health Services (NLHS) or another provincial agency/clinical practice that the applicant will be employed, and who is available to provide an accessible resource¹ to consult with where a client's care may be outside the applicant's competence.

The establishment of a collaborative arrangement may be validated by a/an:

- (i) Employer, where the applicant will be employed by the provincial health authority (NLHS) or a multi-practitioner clinical practice setting; or
- (ii) Licenced NP or physician, where the applicant will be employed or practicing in a single practitioner clinical practice setting.

Section A: Applicant Information

The applicant will complete Section A and forward this form to a validating source as set out in **(i) or (ii)** above to complete Section B.

_____ First Name	_____ Last Name
_____ NL College of Nurses License/Application Number	_____ Employer Name
_____ Street/P.O. Box	_____ City/Town
_____ Province	_____ Postal Code
_____ Phone #	_____ Email
_____ Applicant Signature	_____ Date (DD/MM/YYYY)

¹ Accessible resource - in person, by phone, or other telecommunication method (i.e., telehealth video connection).

Section B: Validation of Collaborative Agreement

To be completed by the individual who has accountability for the oversight of the professional nursing services of the Temporary NP Licence holder or patient care services (e.g., NP/Physician) the Temporary NP Licence holder will provide.

- (i) **Employer** (where the applicant will be employed by a regional health authority or a multi-practitioner practice setting)

_____ Employer Name	
_____ Street/P.O. Box	_____ City/Town
_____ Province	_____ Postal Code
_____ Phone #	_____ Email

By affixing a signature below the signee is confirming that the Applicant will have access in the employment setting to a licenced NP or physician who will be accessible to the Temporary NP Applicant to consult with where a client's care may be outside the Temporary NP Licence Applicant's competence.

_____ Signee Name	_____ Position
_____ Signature	_____ Date (DD/MM/YYYY)

OR

- (ii) **NP/Physician** (where the applicant will be employed/practice in a single practitioner practice setting)

_____ Collaborating NP or Physician Name	_____ Licence Number
Good Standing ²	Yes No

² A valid practicing licence that does not have conditions or restrictions attached.



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NP or Physician work address, email and contact information:

_____ Street/P.O. Box	_____ City/Town
_____ Province	_____ Postal Code
_____ Phone #	_____ Email

By affixing a signature below, the signee is confirming that the Applicant will have access to a licenced NP or physician in the employment setting who will be accessible to consult with where a client's care may be outside the Temporary NP Licence Applicant's competence.

_____ NP/Physician Signature	_____ Date (DD/MM/YYYY)
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Return completed form to registration@nlcn.ca.