



PRACTICAL NURSING PROGRAM INFORMATION BOOKLET 2020-2021

Please indicate the campus to which you are applying

<input type="checkbox"/> Bay St. George	<input type="checkbox"/> Burin	<input type="checkbox"/> Carbonear	<input type="checkbox"/> Clarenville	<input type="checkbox"/> Corner Brook
Mail documents to: Admissions Officer Clarenville Campus 69 Pleasant Street Clarenville, NL A5A 1V9 T. 709-466-6906 F. 709-466-2771 marjorie.ivany@cna.nl.ca	Mail documents to: Admissions Officer Carbonear Campus P.O. Box 60 Carbonear, NL A1Y 1A7 T. 709-596-8914 F. 709-596-2688 barbara.robichaud@cna.nl.ca	Mail documents to: Admissions Officer Carbonear Campus P.O. Box 60 Carbonear, NL A1Y 1A7 T. 709-596-8914 F. 709-596-2688 barbara.robichaud@cna.nl.ca	Mail documents to: Admissions Officer Clarenville Campus 69 Pleasant Street Clarenville, NL A5A 1V9 T. 709-466-6906 F. 709-466-2771 marjorie.ivany@cna.nl.ca	Mail documents to: Admissions Officer Corner Brook Campus P.O. Box 822 Corner Brook, NL A2H 6H6 T. 709-637-8520 F. 709-634-2126 lori.sooley@cna.nl.ca
<input type="checkbox"/> Gander	<input type="checkbox"/> Grand Falls-Windsor	<input type="checkbox"/> Happy Valley-Goose Bay	<input type="checkbox"/> St. Anthony	
Mail documents to: Admissions Officer Grand Falls-Windsor Campus 5 Cromer Avenue Grand Falls-Windsor, NL A2A 1X3 T. 709-292-5622 F. 709-489-5765 viva.cater@cna.nl.ca	Mail documents to: Admissions Officer Grand Falls-Windsor Campus 5 Cromer Avenue Grand Falls-Windsor, NL A2A 1X3 T. 709-292-5622 F. 709-489-5765 viva.cater@cna.nl.ca	Mail documents to: Admissions Officer Happy Valley-Goose Bay Campus P.O. Box 1720, Stn. B Happy Valley-Goose Bay, NL A0P 1E0 T. 709-896-6304 F. 709-896-3733 bernadette.woodford@cna.nl.ca	Mail documents to: Admissions Officer Corner Brook Campus P.O. Box 822 Corner Brook, NL A2H 6H6 T. 709-637-8520 F. 709-634-2126 lori.sooley@cna.nl.ca	

TABLE OF CONTENTS

Practical Nursing Program	1
Admission Requirements	1
Application Process	3
Application Deadline	4
Credit Recognition	4
Student Financial Assistance	5
Counselling Services.....	6
Immunization Documentation	6

APPENDICES

Appendix A	CNA Application
Appendix B	Personal Statement
Appendix C	Application Reference Form - 2 Copies
Appendix D	Program Fees
Appendix E	Application Checklist

PRACTICAL NURSING PROGRAM

The Centre for Nursing Studies (CNS) is the lead institute for Practical Nursing Education in Newfoundland and Labrador. The College of the North Atlantic offers the CNS Practical Nursing program at various campuses throughout the province.

The Practical Nursing program will be offered at the Bay St. George, Burin, Carbonear, Clarenville, Corner Brook, Gander, Grand Falls-Windsor, Happy Valley-Goose Bay, and St. Anthony campuses of College of the North Atlantic in **September 2020** to meet the need for Licensed Practical Nurses throughout the applicable regions.

This program will be delivered over four semesters (60 weeks). Information related to the program is included in this booklet.

The following selection process will be used:

- The application process is competitive.
- Applicants must meet the entrance requirements established by the Centre for Nursing Studies and College of the North Atlantic.

ADMISSION REQUIREMENTS

Admission Categories

Select one only, when making application

1. Applicants who have followed the High School Curriculum of Newfoundland and Labrador

Applicants shall have completed Graduation Requirements for high school as set down by the Department of Education and obtained an overall average of not less than 65% in 3000 level courses.

OR

Applicants in their final year of high school who will complete the graduation requirements for high school as set by the Department of Education and obtained an overall average of not less than 65% in 3000 level courses may be conditionally accepted prior to the writing of final exams. This conditional acceptance will be subject to verification that the applicant has obtained an overall average of not less than 65% in 3000 level courses, when final examination results are released.

2. Applicants who have followed the High School Curriculum of other Provinces of Canada

Applicants from other provinces of Canada are required to have successfully completed Grade XII in the University Preparatory Program (for Quebec students, Secondary V Certificate) and obtained an overall average of not less than 65%.

3. Applicants who have followed the College of the North Atlantic Comprehensive Arts and Science (CAS) Transition Program

Applicants who do not meet the requirements for admission under one of the three categories above but do hold a high school diploma may be eligible for admission under this category. Students applying under this category must successfully complete all qualification requirements for the award of the CAS Transition certificate from the College of the North Atlantic.

4. Applicants who have followed the Adult Basic Education Program (ABE)

Applicants shall have completed the Adult Basic Education Certificate (Level III) with the approved combination of thirty-six (36) credits set down by the Department of Education.

5. Applicants for Mature Student Status

An applicant, 21 years or older who has not fulfilled the admission criteria outlined previously. These candidates are expected to provide an official transcript of the highest level of education completed.

****Note: All applicants must follow the Application Process outlined in this guide and must supply all documentation described therein.**

General Admission Requirements

English Language Requirement

Applicants must be competent in the English Language. A test of English language will be required for applicants whose first language is not English AND/OR applicants who have completed high school in a language other than English.

Applicants who do not meet the criteria above but have post-secondary courses completed in English should contact the campus for further instruction regarding testing.

The tests with the acceptable scores are:

- IELTS (International English Language Testing System – Academic version). Scores: overall score of 7.0 with scores of 7.0 speaking, 7.5 listening, 6.5 reading and 7.0 writing.
- CELBAN (Canadian English Language Benchmark Assessment for Nurses). Scores: 8 speaking, 10 listening, 8 reading and 7 writing.

The official results of test score must be submitted before a decision will be made on your application. Test scores are valid for two years from the testing date. All cost associated with the English language requirements are the responsibility of the applicant.

Interviews

The College of the North Atlantic reserves the right to interview applicants in any of the admission categories.

Assessments

An applicant may be recommended to write **The Canadian Adult Achievement Test (CAAT) or other assessment type test.**

APPLICATION PROCESS

Applications to the Practical Nursing Program at the College of the North Atlantic will be reviewed for admission **only** when **all** of the following have been provided **within the identified time frames**. Incorrect and/or missing information may jeopardize an applicant's inclusion in the selection process.

- Completed and ***signed*** application form.
- Payment of application fee.
- Copy of the ***official birth certificate*** from the Department of Vital Statistics.
- ***Certified copy*** of high school transcript from the Department of Education or equivalency certificate.
- ***Certified copy*** of Level II grades (if presently attending high school), along with Level III Term One results.
- Copy of ***official transcript*** of all post-secondary courses/programs.
- **Two references** (forms provided) *Please note that ***references cannot be relatives or friends***. If possible, references should come from previous or current employers and/or instructors/teachers/professors. Referees should forward the reference form directly to the campus.
- Personal Statement.
- A personal interview (if requested by the College).

Once an applicant receives a letter of acceptance, the following documentation must be submitted prior to online registration:

- Certificate for CPR Health Care Provider Level (HCP) **completed after January, 2020** and Standard First Aid, **completed after December 31, 2019**.
- Immunization documentation (see Page 6 for specifics)
- ***Current*** Criminal Record Screening Certificate/Police Records Check and Vulnerable Sector Check in satisfactory standing (**dated no earlier than July 2020**).
- Child Protection Records Check (may be required)

PERSONAL STATEMENT GUIDELINES

Applicants must complete a personal statement by answering the questions outlined on the Personal Statement Form.

REFERENCE GUIDELINES

Please remove the two (2) Applicant Reference Forms from your application package and give to your referees. Referees should forward the references directly to the College of the North Atlantic on your behalf. *Please ensure you check off the appropriate campus on the second page of the Reference Form so the referee knows where to forward the completed form. Follow up with your referee before the application deadline to ensure the Reference Form has been submitted.*

Your references should be provided by individuals that you have had a professional relationship with, such as previous or current employers and/or teachers or professors. If you have been involved in a significant capacity with a volunteer organization, a formal representative from that organization may also be an appropriate reference. Please **do not** obtain references from friends, co-workers or your health care provider.

CRIMINAL RECORDS SCREENING CERTIFICATE/POLICE RECORDS CHECK

In compliance with the appropriate Regional Health Authority and College of the North Atlantic Education Agreement, prior to commencement of a clinical placement, all students are required to obtain satisfactory Certificate(s) of Conduct for review and consideration. Approval of placement is contingent upon presentation of a Certificate of Conduct satisfactory to the Regional Health Authority.

APPLICATION DEADLINE

The deadline for the receipt of applications (and supporting documentation) is **April 30, 2020**. **Incomplete applications will not be processed.** For more information, please contact the campus at the address noted on the front page.

PROGRAM FEES

Please refer to Appendix D

CREDIT RECOGNITION

The College of the North Atlantic recognizes that students may enter its programs having acquired knowledge or competencies through work, experiential learning or formal education. These students may wish to seek credit recognition related to their program of study through a transfer credit process or through Prior Learning Assessment.

Normally, students seeking credit recognition for the Practical Nursing Program will have acknowledged their intent upon acceptance to the program by contacting the program coordinator to initiate the process.

Transfer Credit

Students entering the Practical Nursing Program who have completed nursing courses in another educational institution or program may be eligible for transfer credit for identified courses. In such cases the student identifies the CNA Practical Nursing Program course or courses for which equivalency assessment is requested and subsequently provides course outline and transcript information from the educational institution. The course and transcript information provided will be assessed by faculty against the CNA Practical Nursing Program courses to determine equivalency. If the assessment identifies course equivalency a transfer credit will be awarded, thus exempting the student from the identified course.

Applications for transfer credit will be considered following acceptance into the Practical Nursing Program at CNA. The application is available at Student Services and should be submitted, no later than one week after program commencement, to the program coordinator.

Prior Learning Assessment Recognition (PLAR)

Students entering the Practical Nursing Program who wish to seek learning assessment recognition based on work, experiential learning, and/or formal education in a related field may be eligible to challenge a course or courses in the program. Prior learning will be assessed by faculty and/or nurse experts against the learning outcomes established for the course using methods such as challenge examinations, oral interview/exam, portfolio assessment, and/or performance evaluation (eg. lab and/or clinical). If prior learning is recognized through the assessment process, a student could be given exemption from an identified course or component of a course (eg. lab).

If an accepted applicant feels he/she may be eligible for credit for prior learning, he/she may contact the program coordinator to initiate the process.

STUDENT FINANCIAL ASSISTANCE

Canada Student Aid Program

Practical Nursing students are eligible to apply for a Canada Student Loan. Students are encouraged to visit the Student Financial Services website at www.gov.nl.ca/studentaid for complete details on the programs and services available including the application process. The website allows students to check on the status of their application and provides assessment information.

Students can also contact Student Financial Services by:

E-mail studentaid@gov.nl.ca
Telephone (709) 729-5849 or 1-888-657-0800 (toll free)
Fax (709) 729-2298

Include your Social Insurance Number on all correspondence and have it available when calling the Student Financial Services Division.

- You can apply for both provincial and federal student financial assistance
- Apply online, the expected processing time is 10 business days

Sponsorship

Students may be eligible for sponsorship through Department of Advanced Education and Skills (AES), WCC, Native Band Councils and others.

Bursaries

Students may be eligible for a bursary through the Department of Health and Community Services. Information can be obtained from the following website:

<http://www.health.gov.nl.ca/health/grantsfunding/bursaries.html>

COUNSELLING SERVICES

Guidance and counselling by the faculty begins from the time the student is officially registered in the program. Helping students achieve their goals is a major focus of faculty at the College. In addition to faculty, experienced counsellors are available to assist students with academic and personal issues.

IMMUNIZATION DOCUMENTATION

All students *must* have the following completed *prior* to online registration. This mandatory screening is a requirement for completing clinical experience in the program.

- Immunization Record (obtained from and updated by the Public Health Nurse) to include documentation of having received the following immunizations:
 - **Two-step** TB skin Test (Tuberculin Testing)
 - 2 measles, mumps and rubella (MMR) vaccines
 - Tetanus-Diphtheria toxoid immune within the past 10 years
Tdap (Tetanus, Diphtheria, and acellular Pertussis)
One dose of Tdap vaccine is now recommended in adulthood (18 years of age and older). If you have not received a dose of pertussis-containing vaccine within the last ten years and are due for a tetanus booster, you should receive Tdap vaccine to meet this requirement.
 - Polio vaccine
 - Hepatitis B Vaccination (series of 3 vaccines); (if vaccinated, Anti-HBs titre)
- Laboratory tests, for all students, as follows (arranged through family Physician):
 - Varicella titre and Hepatitis B Immune Status (anti-Hbs level or HBsAB value)

NOTE:

The College of the North Atlantic reserves the right to deviate from what appears in this booklet. Changes may be made in order to serve what the College of the North Atlantic considers to be in the best interests of the academic or student community or of the College itself.

The College of the North Atlantic thereby disclaims liability to any person who may suffer loss as a result of reliance upon information contained in this booklet.

APPENDIX A



APPLICATION FOR ADMISSION

PROCEDURE FOR APPLYING TO COLLEGE PROGRAMS

THE APPLICANT MUST SUBMIT:

1. Fully completed application form.
2. Official high school transcript or high school equivalency marks (post-secondary transcript for post-diploma programs):
 - If you are presently in Level III of High School and will be writing exams in June, the College will obtain a copy of your high school marks directly from the Department of Education once final marks are available, provided you enter your MCP number on your application
3. A non-refundable application processing fee (\$30 Canadian citizens, \$100 International applicants) must accompany the completed application.
 - Application fee is required for all College programs EXCEPT individualized courses through Distributed Learning or Continuous Learning courses
 - Cheques or money orders must be made payable to College of the North Atlantic

NOTE: Some programs require additional supporting documentation. Refer to the College Calendar for specific requirements related to your program of choice. Application is complete when ALL documentation is received.

PROTECTION OF PRIVACY

The personal information that you provide to College of the North Atlantic is collected under the authority of the College Act 1996 and the Access to Information and Protection of Privacy Act (ATIPP Act 2015). The Student Services department is collecting your personal information for admission and registration, administration of records, scholarships and awards, student services, program accreditation, alumni and College planning and research. The College may use your personal information only for these purposes. The personal information you provide may be disclosed internally to academic and administrative units according to College policy, federal and provincial reporting requirements, and pursuant to information sharing agreements (as defined by ATIPP Act 2015). By submitting this information you are granting permission to CNA to contact you regarding your application. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with the ATIPP Act 2015 and can be reviewed or corrected on request. Questions regarding the collection of this personal information can be directed to the College’s Registrar at College of the North Atlantic – Headquarters, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, telephone (709) 643 0827, or e-mail registrar@cna.nl.ca.

STUDENT DECLARATION

In submitting this information, I declare that the information in this application is correct and complete. I acknowledge my understanding that any applicant who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein or in related documents, may be denied admission to College of the North Atlantic (the “College”) and if it occurs or is discovered after admission, may be expelled from the College. I further acknowledge my understanding that applicants are obligated to include attendance, past attendance and enrollment at other post-secondary institutions on the application. I understand that information on falsified documents or fraudulent admission is shared with the Association of Registrars of the Universities and Colleges of Canada and I hereby consent to same. In signing this application, I agree to be bound by the policies, rules and regulations set forth by College of the North Atlantic.

APPLICANT – PERSONAL INFORMATION			
First Name:	Middle Name:	Last Name:	
Previous Last Name:		Date of Birth:	dd mm yy
MCP Number: <i>Mandatory for all NL students</i>	Marital Status:		
Gender:	SIN # <i>(mandatory for all applicants):</i>		
Home Address: <i>(Permanent)</i> P.O. Box _____ <i>(if applicable)</i>		Phone: _____ <i>(home)</i>	
City:	Prov:	Postal Code:	
Current Address: <i>(if different from permanent)</i> P.O. Box _____ <i>(if applicable)</i>		Phone: _____ <i>(cell)</i>	
City:	Prov:	Postal Code:	
E-mail: <i>(must be the applicant's e-mail)</i>			
Are you an indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say			
If yes, with which indigenous group do you identify? (ex. Inuit, Innu, Mi'kmaq, Prefer not to say) _____			

Please indicate Student ID Number if you previously attended CNA or one of the previous colleges

EMERGENCY CONTACT				
Emergency Contact (in the event of an emergency this is the person you give CNA permission to contact)				
Name:		Relation to You:		
Telephone Number:		Cell Phone Number:		
APPLICATION FOR PROGRAM				
Program for which you are applying: PRACTICAL NURSING		<input checked="" type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Distributed Learning		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Blended Delivery (On Campus & DL)
Campus:		When are you available to start your program: Next Intake _____ OR Year/Month _____		
Are you applying for Advanced Standing in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, ensure appropriate documents are submitted)				
If applying for a program that requires a driver licence, please indicate if you have a valid driver licence below:				
Driver Licence: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Received:		Class:
If applying for individual courses as a part-time student, please indicate the courses below:				
		<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Distributed Learning
		<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Distributed Learning
		<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Distributed Learning
PREVIOUS EDUCATION				
Have you ever attended a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list the program, institution, location, highest level achieved, and date last attended.				
Program	Institution	Prov.	Highest Level Attained	Date
Are you in High School now? <input type="checkbox"/> No, date last attended _____ Last Grade Completed: _____				
<input type="checkbox"/> Yes, anticipated date of graduation _____ Name of High School _____				
SPECIAL REQUIREMENTS				
CNA supports students with disabilities. Are you an applicant with a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you wish to be contacted by CNA Accessibility Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
OUT OF PROVINCE/INTERNATIONAL APPLICANTS				
Out of Province Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No		International Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Care ID #:		Country of Citizenship:		
Status in Canada: <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student Visa <input type="checkbox"/> Work Visa				
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your first language? _____				
TOEFL - Paper Based Score:		OR Internet Based Score:		OR Computer Based Score:
IELTS (Academic) Score:		MELAB Score:		Date Written:
I hereby authorize the College to have access to my academic record from the Department of Education, or any other educational institution. I declare that I have completed this application accurately to the best of my knowledge and belief.				
Signature of Applicant _____			Date _____	

APPLICATION SUPPLEMENT

First Name: _____ Middle Name: _____

Maiden Name: _____ Surname: _____

Category that best fits your status (check all that apply):

- Currently in High School High School ABE
 CNA CAS Transition Program Mature Post-Secondary

Work Experience: List your work experiences beginning with most recent.

Employer/Agency	Position Held	Dates	Name of Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References: Please indicate the names of two references from whom we can expect to receive letters of references. Forms are enclosed in Appendix C.

Names	Address	Telephone	Position
_____	_____	_____	_____
_____	_____	_____	_____

For statistical purposes, CNS requires the following information:

- Are you applying to the BN (Collaborative) Nursing Program? Yes No
 Are you applying to the PN Program at CNS? Yes No
 Are you applying to the PN Program at another brokered site (e.g. CNA)? Yes No
 Have you applied to the PN Program in previous years? Yes No
 Have you been enrolled in the PN Program in previous years? Yes No
 If yes, specify site and year: _____
 Have you completed the Anatomy and Physiology I course at CNS? Yes No
 If yes, please provide transcript.
 Have you completed the Anatomy and Physiology II course at CNS? Yes No
 If yes, please provide transcript.
 Have you successfully completed Biology 3201 in High School? Yes No
 Have you successfully completed Chemistry 3202 in High School? Yes No
 Are you an indigenous applicant? Yes No

It is the applicant's responsibility to ensure the references and all documents are supplied by the deadline application date. Incorrect and/or missing information may jeopardize your inclusion in the selection process. A decision cannot be made until your application is complete.

I hereby verify that the information given on this application form is true and correct. Permission is granted to the College of the North Atlantic to contact previous employers and/or educational institutes to obtain personal references, verify educational background, and/or senior high school marks, equivalency, and/or post-secondary educational transcripts.

Date

Signature of Applicant

APPENDIX B

Practical Nursing Program

PERSONAL STATEMENT

Please respond to the following:

What is your reason for choosing the Practical Nursing Program?

Describe how your work/volunteer life experiences will help you succeed in this program.

Describe your strengths/personal qualities (work ethic, communication skills, awards and achievements, etc.) that you bring to this program.

Please provide any additional information that you feel is relevant to your application.

Date

Signature

APPENDIX C

**COLLEGE OF THE NORTH ATLANTIC
PRACTICAL NURSING APPLICANT
REFERENCE FORM
(PROFESSIONAL REFEREE ONLY)**

Name of Applicant: _____

Address of Applicant: _____

This reference is strictly confidential and will not be discussed with the applicant.

Name of person providing reference: _____

Address of referee: _____

In what context do you know this applicant?

Employer Teacher Manager/Supervisor Other (Specify): _____

How long have you known the applicant in this context? _____

Please rank the following characteristics of the applicant:

	Strong	Good	Satisfactory	Needs Improvement	Unable to Assess
Initiative/Quality of Work					
Ability to Handle Stress					
Sense of Responsibility/ Dependability					
Leadership Qualities					
Interpersonal Communication Workplace/School					
Maturity					
Attendance at Workplace or School					

Please provide written information that would be helpful in the assessment of this individual's application, considering the characteristics highlighted in the previous table (i.e. quality of work/initiative, ability to handle stress, dependability, communications and maturity, etc.). Please feel free to provide additional information beyond the areas listed.

Please sign and date this form and forward directly to the College of the North Atlantic on or before **April 30, 2020**. References can also be faxed/scanned/e-mailed. Thank you for your time and cooperation.

<input type="checkbox"/> Bay St. George	<input type="checkbox"/> Burin	<input type="checkbox"/> Carbonear	<input type="checkbox"/> Clarenville	<input type="checkbox"/> Corner Brook
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SIGNATURE

PLEASE PRINT NAME

DATE

ORGANIZATION

TELEPHONE NUMBER

E-MAIL ADDRESS

**COLLEGE OF THE NORTH ATLANTIC
PRACTICAL NURSING APPLICANT
REFERENCE FORM
(PROFESSIONAL REFEREE ONLY)**

Name of Applicant: _____

Address of Applicant: _____

This reference is strictly confidential and will not be discussed with the applicant.

Name of person providing reference: _____

Address of referee: _____

In what context do you know this applicant?

Employer Teacher Manager/Supervisor Other (Specify): _____

How long have you known the applicant in this context? _____

Please rank the following characteristics of the applicant:

	Strong	Good	Satisfactory	Needs Improvement	Unable to Assess
Initiative/Quality of Work					
Ability to Handle Stress					
Sense of Responsibility/ Dependability					
Leadership Qualities					
Interpersonal Communication Workplace/School					
Maturity					
Attendance at Workplace or School					

Please provide written information that would be helpful in the assessment of this individual's application, considering the characteristics highlighted in the previous table (i.e. quality of work/initiative, ability to handle stress, dependability, communications and maturity, etc.). Please feel free to provide additional information beyond the areas listed.

Please sign and date this form and forward directly to the College of the North Atlantic on or before **April 30, 2020**. References can also be faxed/scanned/e-mailed. Thank you for your time and cooperation.

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SIGNATURE

PLEASE PRINT NAME

DATE

ORGANIZATION

TELEPHONE NUMBER

E-MAIL ADDRESS

APPENDIX D

PRACTICAL NURSING PROGRAM FEES (2020-2021)

Non-refundable application fee payable when applying for program **\$30.00**

Cost is subject to change

<u>Semester One</u>	
Confirmation Fee	\$ 98.00
Compulsory Fees (<i>includes academic audit fee</i>)	\$350.00
Textbooks (approx.)	\$750.00
Tuition Fee	<u>\$1,500.00</u>
Student Insurance Fees are extra cost (see below)	
Total for Semester One	<u>\$2,795.00</u>

<u>Semester Two</u>	
Compulsory Fees	\$300.00
Textbooks (approx.)	\$750.00
Tuition Fee	<u>\$1,500.00</u>
Total for Semester Two	<u>\$2,200.00</u>

<u>Semester Three</u>	
Compulsory Fees	\$300.00
Textbooks (approx.)	\$550.00
Tuition Fee	<u>\$1,500.00</u>
Total for Semester Three	<u>\$2,100.00</u>

<u>Semester Four</u>	
Confirmation Fee	\$98.00
Compulsory Fees	\$300.00
Textbooks (approx.)	\$50.00
Tuition Fee	<u>\$1,500.00</u>
Total for Semester Four	<u>\$1,930.00</u>

Please note that there will be a cost of \$460.00 which the student will be responsible for submitting to the College of Licensed Practical Nurses of Newfoundland & Labrador (CLPNNL) for the Canadian Practical Nurses Registration Exam in Semester Four.

Please Note:

Health/Dental insurance is mandatory unless the student can provide proof of other coverage. Proof of coverage has to be a card with student's name stated and what the coverage is or letter from employer stating coverage with company. The yearly Health/Dental fee has to be paid at the beginning of the first and fourth semesters only. (*Note: The Health/Dental fee has not yet been finalized for 2020-2021, but is estimated to be approximately \$400.*)

APPENDIX E

APPLICATION CHECKLIST

Please submit the following documents. The deadline for this application and all documentation is **April 30, 2020**. **Incorrect and/or missing information may jeopardize your inclusion in the selection process.** A decision cannot be made until your application is complete.

- Completed application form for the College of the North Atlantic.
- Application fee of \$30.
- Application Supplement Form.
- Certified copy of high school marks or transcript of high school equivalency.
- Certified copy of Level II marks (if presently attending high school).
- Certified copy of mid-term marks (if presently attending high school).
- Personal statement.
- Two references (Refer to Appendix C for reference forms).
- Photocopy** of official Birth Certificate.
- Appropriate documentation of name change, if current name differs from birth certificate.
- Official transcripts from post-secondary institutions (if applicable).

Following Acceptance into the PN Program, the following must be submitted prior to online registration:

- Confirmation fee of \$98.00.
- Current original** Criminal Record Screening Certificate/Police Records Check and Vulnerable Sector Check in satisfactory standing dated no earlier than July 2020.
- Standard First Aid (completed after December 31, 2019) and CPR Level HCP Certificates (completed after January, 2020).
- Immunization Documentation (as outlined on Page 6).
- Clinical Placement Acknowledgement
- Student Information Form
- Program Awareness Package