

**NCLEX-RN First-time Failure Application for Interim License (IL-II)**

All nurses who wish to practice nursing in Newfoundland and Labrador must obtain registration with the College of Registered Nurses of Newfoundland and Labrador (CRNNL) and a practicing license or interim license to practice. Interim licenses are issued in accordance with the Registered Nurse Regulations and may be issued to individuals who have been granted provisional registration. Provisional registration means the applicant has applied and met all the requirements for registration with the exception of successful completion of the registered nurse examination or receipt of a satisfactory professional reference.

An interim license is immediately revoked upon CRNNL receiving notification that an applicant has failed the NCLEX-RN exam. An applicant may apply to CRNNL for a further interim license ("IL-II") and pay an IL-II fee. **Applications for an IL-II will not be processed until CRNNL receives the completed 'EMPLOYER REFERENCE FORM', attached as Appendix "B".** CRNNL requires that the Employer Reference Form be completed by either a RN having direct knowledge of the applicant's practice, or the applicant's direct clinical manager (providing that manager has knowledge of the scope of practice and standards of practice for RNs in Newfoundland and Labrador). **In addition, the applicant must review and initial the attached Appendix "A" - NCLEX First Failure Restrictions and Conditions on Interim Licence ("IL-II") and initial and sign the Consent/Declarations in Section E below.**

CRNNL will notify applicants by email once an IL-II has been granted. Applicants **shall not** recommence employment; which includes orientation or any classroom learning, without receiving confirmation that their interim IL-II has been granted.

**Section A - PERSONAL INFORMATION**

Last Name	First Name	Interim License #	Email (required)
Mailing Address		Name of Division or Unit Manager	

**Section B - EMPLOYMENT**

Employer(s)					
Primary Employer (with whom most hours worked)	Site	City	Province	Postal Code	Start Date (m/y/d)
Secondary Employer (if applicable)	Site	City	Province	Postal Code	Start Date (m/y/d)

Employment Status for Primary Employer (Check ONE only)			
<b>Employed in Nursing</b>		<b>Employed in other than Nursing</b>	
Regular Full-Time		Seeking employment in Nursing	<b>Not Employed</b>
Regular Part-Time		Not seeking employment in Nursing	Seeking employment in Nursing
Casual			Not seeking employment in Nursing

Present Nursing Employment for Primary Employer ONLY: Check One in Each of A, B and C			
<b>A. Place/Site of Work</b>		<b>B. Primary Area of Responsibility</b>	
Across Several Sites/Regional		Ambulatory/Outpatient	
Community Health/Health Centre		Community Health/Health Centre	
Home Care Agency/VON		Critical Care (ICU, CCU, Dialysis)	
Hospital		Emergency Care	
Mental Health Centre		Geriatric/Long Term Care	
Nursing Home/Long Term Care		Maternal/Newborn	
Nursing Station (Outpost/Clinic)		Medical/Surgical	
Private Nursing Agency/Private		Nursing in Several Clinical Areas/Float	
Public Health Department/Unit		Oncology	
Rehabilitation		Operating Room/Recovery Room	
Other (specify)		Pediatric	
		Psychiatric/Mental Health	
		Public Health	
		Rehabilitation	
		Other (specify):	
		<b>C. Position</b>	
		Staff Nurse/Community Health Nurse	
		Other (specify)	

**Section C - RELATED QUESTIONS**

- Do you have any physical or mental conditions or disorders that may or does currently impair your ability to practice nursing safely and competently?  Yes  No
- Have you been convicted of an offence under the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada) or a similar penal statute in another jurisdiction (province/territory or country)?  Yes  No

3. Have you been denied registration in another jurisdiction (province/territory/country) within the last five (5) years? \_\_\_\_\_Yes \_\_\_\_\_No
4. Have you applied to PearsonVue to retake the NCLEX-RN exam? \_\_\_\_\_Yes \_\_\_\_\_No

If answering yes to Question 1 - 3 please attach a letter of explanation. Application will not be reviewed until a letter of explanation is received.

**Section D - CONDITIONS/RESTRICTIONS**

Review attached Appendix "A" - NCLEX First Failure Restrictions and Conditions on Interim licence ("IL-2"). Applicants are required to initial each page of Appendix "A" and return to CRNNL with this Application. Applications received without initialing Appendix "A" will not be processed.

**Section E - CONSENT/DECLARATIONS**

I consent for CRNNL council to obtain confirmation or verification of the documentation or information submitted as part of this Application.

I declare (please initial):

\_\_\_\_\_ I will adhere to CRNNL Standards of Practice for Registered Nurses & Nurse Practitioners and Canadian Nurse Association Code of Ethics for Registered Nurses.

\_\_\_\_\_ That I have read and understand the Conditions and Restrictions placed on an IL-II by Council as set out in Appendix "A" to this Application.

\_\_\_\_\_ That I acknowledge and agree that upon being granted an IL-II that I am bound by the Conditions and Restrictions placed on my IL-II as set out in Appendix "A" to this Application.

\_\_\_\_\_ That I acknowledge and agree that I am bound by any Restriction(s) placed on my IL-II by my employer. That the information in this Application is true and correct.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

Completed Application forms may be submitted to CRNNL by email ([registration@crnnl.ca](mailto:registration@crnnl.ca)) or fax (709-753-4940)

**PLEASE COMPLETE THE FOLLOWING PAYMENT INFORMATION:**

FEE FOR INTERIM LICENSE: **\$ 156.40 (includes \$20.40 HST)**

The registration fee for the sum of \$\_\_\_\_\_ is enclosed.

FEE PAYMENT WITH VISA / MASTERCARD

VISA/ MASTERCARD # \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

NAME OF CARD HOLDER: \_\_\_\_\_ CVR # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY**

Date Application Received \_\_\_\_\_ Date \_\_\_\_\_

1. Date Provisional Registration Granted \_\_\_\_\_

2. Certificate of Conduct date \_\_\_\_\_

3. Test of English (if applicable) date \_\_\_\_\_

4. Employer Reference date \_\_\_\_\_

5. Processing fee paid \_\_\_\_\_

Application reviewed by \_\_\_\_\_ Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

**Appendix "A"**  
**NCLEX - FIRST FAILURE**  
**RESTRICTIONS AND CONDITIONS ON INTERIM LICENCE ("IL-II")**

CRNNL is the regulatory body responsible for the licensure of the registered nurses in the Province of Newfoundland and Labrador pursuant to the *Registered Nurses Act (2008)* (the "Act");

CRNNL's primary mandate is to protect the public by ensuring that registered nurses possess the qualifications and competencies to practice nursing;

Section 3(1)(c) of the *Registered Nurses Regulations* (the "Regulations") provides that to be registered as a registered nurse, a person must successfully complete a registered nurse examination approved by council;

Where a person (the "Provisional Registrant") was unsuccessful in the first writing of NCLEX, the registered nurse examination approved by council, her/his Interim Licence was revoked pursuant to section 7(1) of the Regulations;

Section 7(1) of the Regulations, also provides that a further Interim Licence ("IL- II") may be granted subject to the conditions and restrictions as determined by council;

Council has determined that the Provisional Registrant's IL-II shall be subject to the conditions and restrictions as follows:

**Conditions for Applying for an IL-II (the "Conditions ")**

1. Prior to the Provisional Registrant being granted an IL-II the Provisional Registrant shall arrange for CRNNL to receive the following:
  - (i) A satisfactory employer reference confirming the Provisional Registrant is practicing at a safe and competent level for a graduate nurse in the attached Employer Reference Form (Appendix "B");
  - (ii) Written confirmation from the Provisional Registrant's employer as follows:
    - a. That the employer has reviewed the Restrictions on the Provisional Registrant's IL-II as set out in paragraph 2 and agrees to comply with the Restrictions;
    - b. A list of any remedial courses (the "Remedial Courses") the employer requires the Provisional Registrant to complete; *Remedial may include but is not limited to, formal course work, in- services/seminars, self-learning modules, sessions with a clinical educator or other professionals.*
    - c. That the employer agrees to provide supervision to the Provisional Registrant which supervision is defined as:

Initials: \_\_\_\_\_

## Supervision

Supervision allows for oversight of the graduate nurse. Supervision involves direct, periodic inspection and corrective action when needed. It is the active process of directing, assigning, delegating, guiding, and monitoring an individual's performance. Supervision can be direct by having the RN physically present or immediately available while a nursing activity is being performed or indirect by providing direction through various means of written and verbal communications such as via telephone.

Supervision may limit the ability of a Provisional Registrant to make decisions and implement nursing activities independently. Employers must consider the degree of supervision needed with a reflection on the Provisional Registrant's abilities, the complexity of the practice environment and supports available to the Provisional Registrant.

Supervision includes a variety of elements to consider in application. Elements to be evaluated for each Provisional Registrant include the Provisional Registrant's competency and proficiency in establishing or performing delegated acts; and initiating medical directives in place in their work settings. It includes her/his ability to assume any in-charge functions and/or supervise other care providers. It also includes providing a consistent work place and supervision to aid in continuity of support and assessment.

Resources are available via [crnnl.ca](http://crnnl.ca) and [cnps.ca](http://cnps.ca) to provide further understanding of expectations for safe practice. CRNNL Practice consultants are also available for support.

- d. That the Provisional Registrant has provided the employer with a copy of her/his NCLEX Candidate Performance Report Card;
- e. That the employer is responsible to determine any restrictions/limitations to the Provisional Registrant's scope of practice within the employment setting, as per the employer's authority.
- f. That the employer shall immediately notify the Director of Regulatory Services if the Provisional Registrant is not functioning safely and competently in the provision of client care;
- g. That the employer shall immediately notify the Director of Regulatory Services if the Provisional Registrant fails to successfully complete the required Remedial Courses.

**Restrictions on IL-II (the "Restrictions")**

2. The Provisional Registrant shall:
- (i) Not practice without supervision as defined in paragraph 1(ii)(c) herein;
  - (ii) Successfully complete any Remedial Courses as required by her/his employer; and
  - (iii) Abide by any restrictions deemed necessary by his/her employer.

**IL-II Revoked**

3. The Provisional Registrant's IL-II shall be revoked, as follows:
- (i) The Provisional Registrant fails to comply with any of the Conditions and Restrictions;
  - (ii) The employer notifies the Director of Regulatory Services that the Provisional Registrant is not functioning safely and competently in the provision of client care;
  - (iii) The employer notifies the Director of Regulatory Services that the Provisional Registrant has failed to successfully complete the Remedial Courses in the times specified by the employer;
  - (iv) The Director of Professional Conduct Review receives an allegation that the Provisional Registrant has engaged in conduct deserving of sanction as defined in section 18(c) of the Act; or
  - (v) The Provisional Registrant fails the second writing of the NCLEX exam.
4. The Provisional Registrant shall immediately advise her/his employer that she/he is no longer eligible to work as a graduate nurse upon receiving the NCLEX results should she/he not pass the exam.
5. The Provisional Registrant shall advise the Director of Regulatory Services that her/his employer has been notified that the Provisional Registrant's IL-II has been revoked.

Applicants Name: \_\_\_\_\_ Interim License# \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

**Applicant must sign and date Consent to Release Information Declaration:**

I hereby give consent to my last Newfoundland and Labrador nursing employer to complete and submit the Employer portion of this form, concerning my competency to practice nursing, for the purpose of assessing my eligibility for extension of an interim license.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Employer Section:**

**This Section must be completed and signed by the applicant's manager.**

Applicant Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

The Employer has reviewed the attached Appendix "A" and in support of the Applicant's Application for an IL-II confirms as follows:

- \_\_\_\_\_ Agrees to comply with the Conditions & Restrictions placed on the Provisional Registrant;
- \_\_\_\_\_ Agrees to provide supervision to the Provisional Registrant;
- \_\_\_\_\_ Agrees to identify any appropriate restrictions on the scope of practice of the Provisional Registrant based on an assessment of the Provisional Registrant's competence and resources available in practice environment.
- \_\_\_\_\_ Agrees to immediately notify the Director of Regulatory Services if the Provisional Registrant is not functioning safely and competently in the provision of client care;
- \_\_\_\_\_ Understands that the employer may impose a restriction(s)/limitation(s) on a Provisional Registrants scope of practice;
- \_\_\_\_\_ The Provisional Registrant has provided the employer with a copy of her/his NCLEX Candidate Performance Report Card;
- \_\_\_\_\_ The employer has or has not (circle applicable) identified Remedial Courses for the Provisional Registrant, as follows (list if any):
- \_\_\_\_\_ Agrees to notify the Director of Regulatory Services if the Provisional Registrant fails to successfully complete the Remedial Courses (if any)

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Appendix B

Employer Reference for IL-II Application

We require this evaluation be completed by either a RN having direct knowledge of this applicant's practice, or the applicant's direct clinical manager (providing if that manager has knowledge of the scope of practice and standards of registered RNs in Newfoundland and Labrador). Within the context of beginning practice indicate if the above-named applicant **HAS MET (YES)** or **HAS NOT MET (NO)** the competency requirements as listed below.

If you answer No to either question(s) please provide comments.

1. The applicant demonstrates professional accountability and assumes responsibility for ensuring that her/his nursing practice and conduct meet the CRNNL *Standards of Practice for Registered Nurses*.  Yes  No

Comments: \_\_\_\_\_

2. The applicant demonstrates initiative to attain knowledge and skills to provide safe, competent, and evidence-based nursing care.  Yes  No

Comments: \_\_\_\_\_

3. The applicant demonstrates the ability to provide competent and safe nursing care.  Yes  No

Comments: \_\_\_\_\_

4. The applicant complies with the *Code of Ethics for Registered Nurses* approved by CRNNL.  Yes  No

Comments: \_\_\_\_\_

5. The applicant provides nursing care in collaboration with the client and other health professionals.  Yes  No

Comments: \_\_\_\_\_

6. The applicant demonstrates the ability to work as an effective member of the health care team.  Yes  No

Comments: \_\_\_\_\_

7. Do you recommend this individual for employment as an RN?  Yes  No

Comments: \_\_\_\_\_

Questions related to the completion of this form can be directed to: [registration@crnnl.ca](mailto:registration@crnnl.ca)

This evaluation confirms that the above-named applicant

\_\_\_\_\_ HAS or \_\_\_\_\_ HAS NOT (please indicate as applicable)

demonstrated competent and ethical nursing practice in the context of that expected for an entry level registered nurse in Newfoundland and Labrador. The evaluation also verifies that this applicant

\_\_\_\_\_ DOES or \_\_\_\_\_ DOES NOT (please indicate as applicable)

practice safely according to the CRNNL Standards of Practice for Registered Nurses.

\_\_\_\_\_  
Name of person completing evaluation

\_\_\_\_\_  
Date (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Work Phone number

\_\_\_\_\_  
Work Email

This employer reference must be sent directly from the employer to CRNNL.  
You may scan and email [registration@crnnl.ca](mailto:registration@crnnl.ca) or fax (709-753-4940)

Registration

College of Registered Nurses of Newfoundland and Labrador

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