

<b>Policy name:</b>	Confirmation of Eligibility to Register
<b>Policy category and number:</b>	Registration
<b>Developed by:</b>	Registration Committee
<b>Approval by Council:</b>	NLCHP Council Meeting
<b>Date:</b>	March 14, 2014

**Overview of policy:**

The Newfoundland and Labrador Council of Health Professionals (Council) as part of the application process for non-Canadian citizens requests documentation to support the applicant's ability to work in Canada. Applicants who are interested in knowing whether they are eligible to register in the province should do so by completing the Confirmation of eligibility to register form in the province versus applying for registration.

The requirements for registration also indicate that the applicant must provide proof of working knowledge of the English language sufficient to enable the person to practice the profession in the province. There are many English testing services (ETS) tests that can be used to provide proof of proficiency in English language. Regulatory bodies generally accept test scores for the International English Language Testing System (IETS) and TOEFL iBT. ETS are available throughout the world and many are conducted via computerized test programs. IETS testing service is available in the province of Newfoundland and Labrador.

International credentials are generally verified by contracting with specialized companies. Once an applicant's credentials are verified using the Newfoundland and Labrador registration requirements this verification is generally accepted by all Canadian regulators.

The information collected as part of the registration process is for Council use only and will be utilized for several purposes

inclusive of registration, renewal, and discipline and quality assurance.

**Policy:**

Applicants for registration who are not Canadian citizens must provide certified documentation to support their ability to work in Canada. Document(s) acceptable to the Registration Committee include work permit for foreign workers or proof of resident status.

Applications received from individuals who are not Canadian citizens MAYBE reviewed by the Registration Committee. If an applicant met the registration requirements their registration will be activated ONLY when NLCHP receives confirmation of a work permit or proof of resident status for Canada.

Applicants who have graduated internationally and whose program of study is not on the approved list of programs of the health profession college WILL have their credentials sent for verification by a third party contracted by the NLCHP.

NLCHP recognizes ISLTS and TOEFL iBT as its approved tests for English language proficiency. Test scores are valid for 2 years from the date of testing. Applicants MUST achieve the following minimum score on one of the following tests:

**-ISLTS** academic version must have an average of 7.5 with a minimum of 7.5 for the speaking component.

**-TOEFL** iBT academic version must have a total score of 92 or greater with a minimum score of 24 for the speaking component and 20 for listening, writing and reading components.

Applicants, upon verification that their program of study was provided in the English language, will be exempt from providing documentation of English language proficiency.

**Procedure:**

1. Applicants who are not Canadian citizens and who do not have a valid permit to work in Canada may complete the Confirmation of eligibility form (appendix A) to determine if their education and work experience meet the requirements for registration in the province.

1.1 Applicants requiring review of qualifications will pay the posted application fee for internationally trained applicants.

1.2 If the applicant's program of study in the health profession is not listed in the College approved list of programs of study, applicants will be required to pay in addition to the initial application fee the credentialing fee for internationally educated health professionals on a cost recovery basis.

2. Applicants whose program of study was provided in the English language must provide documentation from the program of study/school that the program was taught in English.

**References:**

College of Physician and Surgeon of NL

Association of Registered Nurses of NL

Newfoundland and Labrador College of Dieticians  
<http://www.ets.org/toefl/ibt/about>

<http://www.ielts.ca/index.php>

**Policy History:**

original policy July 26, 2012

**Revised :**

March 11, 2014

## Appendix A

### Confirmation of Eligibility to Register Form

To be completed by internationally educated health professionals to determine eligibility to register in the province of Newfoundland and Labrador.

#### PLEASE PRINT

#### A. PERSONAL INFORMATION

Name: \_\_\_\_\_ Gender M/F  
Last Name/First Name/Initial

Mailing: \_\_\_\_\_  
 Address Street PO Box City / Town Province Postal Code

Phone Number: Home ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_  
 \_\_\_\_\_  
 (To be used for communications from the Council)

Date of Birth: \_\_\_\_\_  
Day Month Year

#### B. EMPLOYMENT HISTORY

1. Are you a Canadian citizen?  Yes  No

If no, please provide a certified copy of documentation to support ability to work in Canada  
 (Documents acceptable include residency status or work permit for Canada)

2. Are you currently, or have you ever been, registered or licensed to practice your health  
 profession in another jurisdiction in Canada and/or in another country?  
 Yes  No

If yes, please provide the following details:

Jurisdiction/Country: \_\_\_\_\_ Date of Initial Registration: \_\_\_\_\_  
(D/M/Y)

Currently Registered?  Yes  No

Name of Regulatory Body: \_\_\_\_\_

If you have been registered in more than one jurisdiction and/or country, please attach on a  
 separate sheet the information requested in question 2.



1. IELTS (average score of 7.5 must be achieved with a minimum of 7.5 in the speaking component)
2. TOEFL iBT (a score of 92 or greater with a minimum of 24 in the speaking component, and a minimum of 20 in the listening, writing and reading components)

### C. CONSENT TO RELEASE OF INFORMATION

It may be necessary for the Newfoundland and Labrador Council of Health Professionals to contact your employer, educational institution, regulatory body in another jurisdiction in which you are (or were) registered or other individual, company or institution, in order to confirm, clarify the information you have provided in order to obtain other information that may be necessary to assess your credentials to confirm your ability to register in the province of Newfoundland and Labrador. By signing the following consent statement, you agree that the Council may perform these activities. The Council will not access additional information about you unless it is necessary to do so in order to assess your ability to register in the province.

Consent Statement:

I, \_\_\_\_\_ provide my consent to the Newfoundland and Labrador Council of Health Professionals to contact any individual, company, or institution to access and/or obtain any personal information about me that the Council may require to determine my eligibility to register in Newfoundland and Labrador. I further provide my consent to any individual, company, or institution to release my personal information to the Council in response to a request for information from the Council.

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

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

### D. PROGRAM OF STUDY

Educational institution attended:

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Program completed: \_\_\_\_\_

Length of program (hours of study or years of study):

Year graduated: \_\_\_\_\_

Have you written a certification examination?  Yes  No

If yes, provide the type of the exam (i.e. duration of exam, clinical assessments, written exam etc.) and the body/organization that administered the exam:

Type of exam:

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**Please ensure the following documents have been included with your application:**

- Certified copy of your diploma verifying that you have graduated from the program of study listed above.
- Certified copy of the exam results from the certification exam listed above

**E. FEES**

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Initial processing fee international graduate  | \$200               |
| <input type="checkbox"/> Processing fee for international graduates whose program of study is not on the approved program of study for the college cost of verification | \$200 or the actual |
| <input type="checkbox"/> Processing a returned (NSF) cheque   | \$50.00             |
| <input type="checkbox"/> Issuing a duplicate copy of any certificate or receipt   | \$25.00             |

**Make a cheque or money order for both fees payable to Newfoundland and Labrador Council of Health Professionals (NLCHP).**

I have included a  cheque  money order for the sum of \$\_\_\_\_\_

Payment by Credit Card for the sum of \$\_\_\_\_\_      VISA/MasterCard  
 Card Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_

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

I hereby authorize payment to the Newfoundland and Labrador Council of Health Professionals.

Signed: \_\_\_\_\_

Applications received without payments and/or credit card information will not be processed until payment is received.

**F. DECLARATION AND SIGNATURE**

*The following declaration must be completed*

**I declare that the information I have provided is true and correct.**

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

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