



## Newfoundland and Labrador -Licensure Process Questionnaire

Details	Answers
<b>APPLICATION INFO</b>	
Did you receive your entry-level nursing education in one of the following countries: USA, UK, Ireland, India, Philippines, Australia or New Zealand?	INDIA
Are you currently licenced in good standing in one of the following countries: USA, UK, Ireland, India, Philippines, Australia or New Zealand?	INDIA
<b>PERSONAL INFORMATION</b>	
Last (Surname) Name	ASHOKAN
First (Given) Name	SUNUJI
Middle Name:	
Former Name(s):	SUNUJI ASHOKAN
Date of Birth	18/05/1992
Permanent Address	CHARUVILA PUTHEN VEEDU, KOTTAVATTOM (P.O),CHENNAMKUZHI, KOLLAM, KERALA, INDIA PIN: 691322
<b>Contact Information</b>	SELF
Phone	9567404191
E-mail id	Sunujiashok92@gmail.com
Gender	FEMALE
Identify the language(s) in which you can competently provide nursing services	ENGLISH, MALAYALAM,TAMIL

<b>NURSING EDUCATION &amp; CREDENTIAL ASSESSMENT</b>	
<b>A: Nursing Education</b>	
University or School of Nursing	KERALA UNIVERSITY OF HEALTH SCIENCE
Country	INDIA
Type of Program	1. Diploma 2. Degree 3. Masters
Graduation Date	
<b>B: Nursing Program Content Areas</b>	
<b>Did your nursing education program contain theory (classroom) &amp; clinical (practical) training in the following areas:</b>	
Adult Medicine & Surgery (Yes/No)	Yes
Psychiatric & Mental Health (Yes/No)	Yes
Maternity & Childbearing families (Yes/No)	Yes
Pediatrics (care of children) (Yes/No)	Yes
Community Health (Yes/No)	Yes





<b>C: Educational Credential Assessment (ECA) report</b>	
Have you completed an Education Credential Assessment? (Yes/No)	Yes
<b>If yes</b>	
Identify the organization that completed your assessment:	WES
ID or application Number	5370519
Have you requested a copy of your ECA report be released to CRNNL? (Yes/No)	Yes

## OTHER REGISTRATION/LICENSURE

<b>A: Nursing Registration/Licensure</b>	
List the jurisdiction(s) (province/state/country) where you are currently registered or licensed to practice as a Registered Nurse or Nurse Practitioner. In most instances, the College can verify the applicant's current registration/licensure online. Applicants educated & licensed in India must request a <a href="#">Verification of Registration (PDF)</a> from the nursing council as licensure cannot be verified online. The College will notify applicants when additional information is required and if a <a href="#">Verification of Registration (PDF)</a> from another regulatory body will need to be sent directly to the College.	
Jurisdiction Name	TAMILNADU NURSING COUNCIL
Registration Number	163123
Status (practicing, active, etc)	Active (18-02-2021 to 17-02-2026)
Jurisdiction Name	
Registration Number	
Status (practicing, active, etc)	
If you are registered / licenced in additional provinces / states / countries, please provide the information:	
<b>B: Other Applications</b>	
Have you ever applied for registration or licensure in another Canadian province or territory?	No
Have you ever applied for registration or licensure in another Canadian province or territory?	No
<b>C: Exam Information</b>	
Have you previously taken the NCLEX-RN exam?	No
<b>If yes</b>	
How many times have you written the exam?	
Regulatory Body/board of nursing that granted you exam eligibility	
Date last written:	
Did you pass the exam?	





## EMPLOYMENT

Provide the following information for all nursing employer(s) in the previous five

Employer Name:	GOLD FIELD HOSPITAL & RESEARCH.
Address	Chhainsa, ballabgarh, Faridabad-121004.  Haryana.
Position Held:	Staff Nurse(RNO)
Start Date:	01.12.2014
End Date:	14.08.2015
Were you suspended or terminated from employment with this employer?	
Employer Name:	GLENEAGLES GLOBAL HEALTH CITY
Address	Perumbakkam, Chennai-600100, Tamil nadu.
Position Held:	Staff Nurse(RNO)
Start Date:	05.11.2015
End Date:	22.02.2018
Were you suspended or terminated from employment with this employer?	
Employer Name:	PACIFIC INTERNATIONAL HOSPITAL
Address	Sec 105, Lot No 2, Taurama, 3 Mile Port Moresby Central Province PG 111, Taurama Rd, Port Moresby, Papua New Guinea
Position Held:	Staff Nurse (Senior RNO)
Start Date:	17.05.2018
End Date:	15.03.2024
Were you suspended or terminated from employment with this employer?	

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Kurampala, Pandalam, Pathanamthitta  
Kerala, India - 689501

**Declaration of nursing practice hours:**



Record your nursing practice hours in the fields below. When calculating your hours ensure:

- You were licensed as an RN or NP at the time the hours were completed.
- Do not include vacation, sick time, or other leave of absence hours.
- Overtime hours must be reported as actual work hours and not paid hours.
- If you have multiple employers within the year hours should be added together.
- Enter '0' hours if you have not practiced in a particular year.

Enter your annual practice hours below. CRNNL Licence year is April 1 to March 31.

April 1, 2023 - March 31, 2024 (current year)	
April 1, 2022 - March 31, 2023	
April 1, 2021 - March 31, 2022	
April 1, 2020 - March 31, 2021	
April 1, 2019 - March 31, 2020	
April 1, 2018- March 31, 2019	

## CRIMINAL RECORD CHECK & GOOD CHARACTER DECLARATIONS

A: Have you been convicted of an offence under the Criminal Code (Canada), the Controlled Drugs and Substance Act (Canada), Human Rights Act (NL), Personal Health Information Act (PHIA) or a similar penal statute in another jurisdiction (province/territory/country) for which you have not received a pardon? (Yes/No)	No
B: Are there any outstanding charges against you relating to a criminal offense? (Yes/No)	No
C. Have you ever been charged with, pleaded guilty to, been convicted of or found to be guilty of an offence, for which you have not received a pardon, including alcohol or drug related offenses but excluding parking, speeding or similar minor motor vehicle offenses that do not involve substance use? (Yes/No)	No
D. Have you ever pleaded no contest or made any similar plea to any criminal charge? (Yes/No)	No
E: Have you ever been charged with or accused of a criminal offence that resulted in you entering into a diversion program, conditional discharge or other resolution process as an alternative to conviction or prosecution? (Yes/No)	No
F: Has there ever been any civil proceeding, legal action, insurance or other claim that was in any way related to your practice of nursing? (Yes/No)	No
G: Have you ever agreed to a settlement as a means to resolve civil proceedings or in relation to any investigation, proceeding or disciplinary action with respect to your professional conduct, competence, character, capacity or fitness to practice? (Yes/No)	No
H: Have you been denied registration in another jurisdiction (province/territory/country) within the last five (5) years? (Yes/No)	No
I: Are there currently any conditions or restrictions on your registration or licence? (Yes/No)	No
J: Is your registration/license to practice nursing under	No

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review/investigation, suspended or revoked; or are there any disciplinary procedures commenced, in process or pending, in another jurisdiction (province, territory or country)? (Yes/No)	
K: Have you ever been disciplined by a nursing registration/licensing authority? (Yes/No)	No
L: Have you ever, before or during the course of an investigation or disciplinary proceeding, voluntarily entered into an undertaking or otherwise agreed to restrict your practice or to refrain from practice? (Yes/No)	No
M: Have you ever been suspended or terminated from any nursing employment? (Yes/No)	
N: In addition to the above, is there to your knowledge or belief, any event, circumstance or condition concerning your competence, character, capacity, conduct or reputation that may impact your ability to practice safely? (Yes/No)	No
: 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)	No



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