



DECLARATION OF NON-RENEWAL

Please use a laptop or personal computer containing Adobe software to complete the form electronically. Phones or handheld devices may have software incompatibility. Photographs of documentation are not accepted.

PERSONAL INFORMATION *(please print)*

Surname: _____ First Name: _____ NLPR #: _____

Civic Address: _____ PO Box #: _____

Town/City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

The personal information requested in this form is collected under the authority of section 61(a)(c) of the Access to Information and Protection of Privacy Act, 2015 for the purpose of regulation information with NLPR operated by the Department of Health and Community Services. If you have questions concerning the collection, use, and disclosure of your personal information, please contact the Department at healthinfo@gov.nl.ca.

REASON FOR NON-RENEWAL *(optional)*

- | | |
|--|---|
| <input type="checkbox"/> Relocation out of province | <input type="checkbox"/> Alternate training/education <i>(health field)</i> |
| <input type="checkbox"/> Career change | <input type="checkbox"/> Personal reasons |
| <input type="checkbox"/> Family reasons | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Other <i>(please specify)</i> _____ | |
| _____ | |
| _____ | |

This declaration is to advise that I do not wish to renew my licensure with NLPR. By signing this declaration, I am aware that I am unable to practice within Paramedicine in the province of Newfoundland and Labrador or claim provincial licensure.

Provider Signature: _____ Date: _____
(DD-MONTH-YYYY)