

## Declaration of Non-Renewal Form

Please use either a laptop or personal computer in order to complete and submit this form electronically to NLPR. Phones or hand held devices may have software incompatibility. **Photographs of documentation is not accepted.**

### Personal Information: *(please print)*

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_ Licence #: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code/Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ 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](mailto:healthinfo@gov.nl.ca).

### Reason for Non-Renewal: *(optional)*

☐ Relocation out of province

☐ Career change

☐ Family reasons

☐ Other *(please specify)* \_\_\_\_\_

☐ Further training/education *(health field)*

☐ Personal reasons

☐ Retirement

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

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

Date: \_\_\_\_\_  
 (DD-MONTH-YYYY)