



Credential Assessment Application

NNAS ID Number: _____

NNAS Application Number: _____

Personal Information:

Name: _____ Last Name First Name

_____ Middle Name Maiden Name Last Name at time of graduation

Gender: Male Female

DOB: ____ / ____ / ____ (Day) (Month) (Year)

Mailing Address: _____ City: _____ Province: _____

Postal Code: _____ Email Address: _____

Cell#: (____) _____ Home#: (____) _____

The CLPNM communicates primarily through email. Please ensure that your contact information is kept up to date.

Disclaimer:

I understand that the official registration decision of the College of Licensed Practical Nurses of Manitoba (CLPNM) will be communicated in writing, and no verbal representations or warranties by any staff of CLPNM will be binding on CLPNM or relevant to the assessment process by CLPNM or any subsequent appeal to the Board of CLPNM.

Signature: _____ Date: _____

Important Information: All documents and fee listed below must be submitted before your application is considered complete. All parts of this application and related forms must be completed and signed using your current legal name.

- Payment of \$300.00 + \$15.00 GST = \$315.00 (fees are subject to change)
• Two pieces of valid government issued identification; one must include a photo. Examples of identification include but are not limited to: Canadian driver's license, Canadian passport, Canadian citizenship card or permanent resident (PR) card. If you submit a copy of your PR card, the front and back of the card must be copied and notarized.
NOTE: all photocopied documents must be signed and sealed/stamped by a notary public if submitted by Canada Post; alternatively, you may submit some documents digitally following the CLPNM Digital Document Guidelines which can be found on our website https://www.clpnm.ca/clpnm-digital-document-guidelines/
• The Language Proficiency form. (If your first/primary language is NOT English or French you must also provide the required language test scores from a Board approved language proficiency test.)

General Information: (all questions must be answered in order for your application form to be accepted and processed)

Yes	No	
		<p>Have you graduated from a nursing education program? If YES, please list each program completed, the country in which you completed it, and the year completed.</p> <p>Nursing Program: _____ School: _____</p> <p>Country: _____ Province: _____ Year: _____</p> <p>Nursing Program: _____ School: _____</p> <p>Country: _____ Province: _____ Year: _____</p>
		<p>Have you been referred for and/or completed a competence assessment (such as substantially equivalent competency assessment) in any Canadian province/territory?</p> <p>If Yes, Province _____ date: _____.</p> <p>Did you complete the assessment? Yes _____ No _____</p> <p>If Yes, what was the outcome?: _____</p> <p>If No, why?: _____</p>
		<p>Are you currently registered as a nurse in Canada? If YES, please list the province(s) and/or territory(ies):</p> <p>_____</p>
		<p>Have you ever been registered as a nurse in Canada? If YES, please list the province(s) and/or territory(ies):</p> <p>_____</p>
		<p>Are you currently registered as a nurse outside of Canada? If YES, please list the country(ies):</p> <p>_____</p>
		<p>Have you been registered as a nurse outside of Canada in the last seven years? If YES, please list the country(ies):</p> <p>_____</p>
		<p>Have you ever been denied registration as a nurse in Canada or outside of Canada? If YES, where?:</p> <p>_____</p>
		<p>Do you hold current registration with a regulatory body for any other health profession(s)?</p> <p>If yes, where and for what profession: _____</p>
		<p>In the past seven (7) years, have you held registration with a regulatory body for any other health profession(s)?</p> <p>If yes, where and for what profession: _____</p>
		<p>Are you currently pursuing <u>or</u> do you plan to pursue registration as a <u>practical</u> nurse with any other Canadian jurisdiction/regulatory body? If YES, please list in which province(s) and or territory(ies):</p> <p>_____</p>
		<p>Are you currently pursuing <u>or</u> do you plan to pursue registration as a <u>registered</u> nurse with any Canadian jurisdiction/regulatory body? If YES, please list in which province(s) and or territory(ies):</p> <p>_____</p>
		<p>In the last four years, have you worked as a practical nurse <u>or</u> as a registered nurse in Canada? If YES, please list the names of all employers:</p> <ul style="list-style-type: none"> • _____ • _____ • _____ • _____
		<p>In the last four years, have you worked as a health care aide in either <u>long term care</u> or <u>acute care</u> in Canada? If YES, please list the names of all employers:</p> <ul style="list-style-type: none"> • _____ • _____ • _____ • _____

Declaration:

- I hereby certify that the statements contained in this application are true to the best of my knowledge.
- I understand that falsification of this application or the submission of any falsified documents to the CLPNM is an offense under *The Licensed Practical Nurses Act , C.C.S.M. c. L125* (the Act), and will impact my ability to gain registration with the CLPNM.
- I acknowledge that I have read the Credential Assessment Application Guide for IENs on the CLPNM website.
- I understand that I am required to notify the CLPNM, within 30 days, of any changes to my address, phone number and/or email address.
- I understand that I am not eligible to practise practical nursing, in any capacity, in Manitoba until such time as the CLPNM enters my name onto the active practicing register.
- I understand that if my last name at time of graduation or my maiden name does not match my current last name, I must either submit a notarized copy of a marriage certificate or deed poll (name change document).
- I understand that electronic signatures are prohibited.
- I understand that if I have been deemed eligible by another regulatory body in Canada for a skills assessment, additional education, and/or to undertake a registration examination/assessment, I must advise the CLPNM within 7 days of receiving notification. I understand that failure to do so could negatively impact my ability to continue with the CLPNM's credential assessment process.
- I acknowledge that if I pass a national nursing registration examination or gain registration with any regulatory body in Canada while going through the credential assessment process with the CLPNM I must immediately notify the CLPNM as I may no longer be eligible to continue with the application process.

Signature: _____ Date: _____

Please do not write in this box – Office Use Only

Payment date: _____	Taken by: _____	Payment type: _____	Reference #: _____
Posted date: _____	Posted by: _____		Receipt #: _____
Date sent/approved: _____	Completed/approved by: _____		Alinity: _____

Fee(s) / Payment Information: (All CLPNM Fees are subject to change)

Credential Assessment Application	\$300.00 + \$15.00 (GST) = \$315.00
I am paying by: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit (In person only) <input type="checkbox"/> Money Order* <small>*Money orders are payable to CLPNM. Please ensure your name is on your money order.</small>	Visa or MasterCard: Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____ CVC: _____ Card Holder Signature: _____