

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: _____