



Personal Information:

Name: Last Name First Name
Maiden Name Last Name at time of graduation
Mailing Address: City: Province:
Postal Code: Email Address:
Cell#: Home#:
Name of Nursing Educational Institute:
Location of Nursing Educational Institute:
Have you written the Canadian Practical Nurse Registration Examination (CPNRE): Yes No
If YES, please indicate: Location: Year of exam: Result of exam (pass or fail):
If NO, please indicate the name of the registration exam written: Location:
Year of exam: Result of exam (pass or fail):
The CLPNM communicates primarily through email. Please ensure that your contact information is kept up to date.

Applicant Authorization:

I authorize Name of Nursing Educational Institution to complete this form.
Applicant signature: Date:

Nursing Educational Institute Instructions:

- 1. The following sections must be completed by the Dean of the applicant's nursing educational institution. NOTE: if the Dean is not available, these sections may be completed by the President, Registrar or Administrator.
2. All documentation must be provided in the English language.
3. Please attach the applicant's official nursing program transcript. NOTE: transcripts without marks/grades will not be accepted unless a statement of marks is also provided. If the transcript does not include a breakdown of theoretical and clinical hours, this information must be provided as an additional document.
4. All documents must be mailed directly to the CLPNM. Faxed/scanned documents will not be accepted.

Nursing Educational Institute Contact Information:

Please complete the section below and include a transcript with your submission.

I _____ Name and title	certify that the information below is true and accurate
for _____ Name of applicant	DOB of applicant: _____ dd/mm/yyyy
Graduated from: _____ Name of Nursing Educational Institute	_____ City/State/Province
Program length (in months): _____	Program start date: _____ dd/mm/yyyy
	Program Completion date: _____ dd/mm/yyyy
Phone number: _____	Email address of Dean (or alternate): _____

Deans' Authorization

Signature: _____	Date Signed: _____ dd/mm/yyyy
<p>Please Place Nursing School Seal Here</p>	