



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 \$400.00 + \$20.00 GST = \$420.00 (all CLPNM 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/

Language Proficiency: (you must answer each question)

\*Definition of first/primary language: The language you primarily use for reading, writing, listening and speaking, the language you first learned and understood in childhood, and that you know best and are most comfortable with.

Table with 2 columns: Yes, No. Rows include questions about language proficiency: English/French, current registration in Canada, graduation within past two years, and Board Approved language proficiency test scores.

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

Yes	No																									
		In what country did you complete your entry level nursing education? Nursing Program: _____ School: _____ Country: _____ Province: _____ Year: _____ Nursing Program: _____ School: _____ Country: _____ Province: _____ Year: _____																								
		If your entry level nursing education was completed outside of Canada, did NNAS submit an advisory report to your current/most recent Canadian jurisdiction/regulatory body?																								
		Did NNAS submit an advisory report to the CLPNM? If No, do you plan to have your advisory report submitted to CLPNM? Yes _____ No _____																								
		Have you undergone an approved practical nurse refresher program or re-entry program in the previous four years?																								
		Have you ever held registration with the CLPNM? If YES, what was the last year you held active practicing registration: _____																								
		Have you previously had a Credential Assessment application file open with the CLPNM? If Yes, did you complete the application file? Yes _____ No _____ If Yes, did the CLPNM make a registration decision? Yes _____ No _____ If Yes, what was the decision? (please be specific) _____ If the decision was a requirement of remedial education, did you complete the education? Yes _____ No _____ If Yes, have your results/transcripts been shared with the CLPNM? Yes _____ No _____																								
		Have you been referred for and/or completed a competence assessment (such as substantially equivalent competency assessment) in any Canadian province/territory? If Yes, Province _____ date: _____ Did you complete the assessment? Yes _____ No _____ If Yes, what was the outcome? _____ If No, why?: _____																								
		Are you currently registered as a nurse in Canada?																								
		Have you ever been registered as a nurse in Canada? (if you answered Yes to either of these questions please provide the details below).																								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Province/Territory</th> <th style="width: 20%;">Designation (LPN, RN, RPN)</th> <th style="width: 20%;">Initial Registration Date</th> <th style="width: 25%;">Expiry Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Province/Territory	Designation (LPN, RN, RPN)	Initial Registration Date	Expiry Date																				
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		Are you currently registered as a nurse <u>outside of Canada</u> ? If YES, list the country(ies) and designation (LPN, RN, RPN): _____																								
		Have you been registered as a nurse <u>outside of Canada</u> in the last seven years? If YES, please list the country(ies): _____																								
		Do you hold current registration with a regulatory body for any other health profession(s)? If yes, where and for what profession: _____																								
		In the past seven (7) years, have you held registration with a regulatory body for any other health profession(s)? If yes, where and for what profession: _____																								
		Are you currently pursuing <u>or</u> do you plan to pursue registration as a nurse with any other Canadian jurisdiction/regulatory body? If YES, please list in which province(s) and or territory(ies): Name of Regulatory Body: _____ Designation (RN/LPN/RPN): _____ Name of Regulatory Body: _____ Designation (RN/LPN/RPN): _____																								
		In the last four years, have you worked as a regulated licensed practical nurse in Canada? If YES, please list the names of all employers:																								

		<ul style="list-style-type: none"> <li>■ _____</li> <li>■ _____</li> </ul> <p>If Yes, do you have 1000 Canadian licensed practical nursing practice hours in the previous four years?          Yes _____ Number of hours worked as a regulated licensed practical nurse in Canada _____          No _____ Last year you worked as a nurse _____ and where _____  <span style="display: block; text-align: right;">(country/province)</span></p>
		Is your application to the CLPNM related to a Federal Government (National Defence, Armed Forces, and RCMP) transfer into the province? Please note that if your response is 'yes', the CLPNM will contact you for additional information.

**Declaration:**

	<ul style="list-style-type: none"> <li>• 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 <i>The Licensed Practical Nurses Act, C.C.S.M. c. L125</i> (The Act) and will impact my ability to gain registration with the CLPNM.</li> <li>• I acknowledge that I have read the Guide for Endorsement Applicants on the CLPNM website.</li> <li>• 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.</li> <li>• 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 endorsement process.</li> <li>• 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.</li> <li>• 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).</li> <li>• I understand that electronic signatures are prohibited.</li> </ul> <p>Signature: _____ Date: _____</p>
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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)**

Endorsement Application	\$400.00 + \$20.00 (GST) = \$420.00
<p>I am paying by:</p> <p><input type="checkbox"/> Visa</p> <p><input type="checkbox"/> MasterCard</p> <p><input type="checkbox"/> Debit (In person only)</p> <p><input type="checkbox"/> Money Order*</p> <p>*Money orders are payable to CLPNM. Please ensure your name is on your money order.</p>	<p>Card Number: _____ / _____ / _____ / _____</p> <p>Expiry Date: ____ / ____      CVC: _____</p> <p>Card Holder Signature: _____</p>