



Personal Information:

Name: Last Name First Name
Mailing Address: City: Province:
Postal Code: Email Address:
Cell#: Home #:

Disclosure: (all disclosure questions are mandatory and must be answered; if you answer "Yes" to any of the following questions, the CLPNM may contact you for further information)

Table with 2 columns: Yes, No. Rows include questions about criminal records, impaired driving, death or injury, abuse registries, regulatory body actions, and health conditions.

Declaration:

I understand that I must submit current suitability checks (a criminal record check that is based on a Canada-wide search and which includes a vulnerable sector search, a Manitoban-issued child abuse registry check and a Manitoban-issued adult abuse registry check) with this application. I understand that my application will not be processed if these documents are not received by the College of Licensed Practical Nurses of Manitoba (CLPNM).
I understand that for purposes of registration with the CLPNM, these suitability checks, to be accepted as valid, must have been issued by the relevant government authority within six months of the date they are submitted to the CLPNM.
I understand that faxed/scanned documents will not be accepted. Photocopied documents must be signed and sealed/stamped by a notary public if submitted by mail. Photocopies can also be verified against original documents if brought to the CLPNM office during regular business hours. Photocopy fees will apply if you do not provide a copy of the document(s).
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.
Signature: Date: