



Personal Information:

Name: Last Name First Name
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.

Licensed Practical Nursing Employment:

Have you ever been employed as a regulated licensed practical nurse in Canada? Yes No
* If YES, please fill out your personal information and authorization, and then send this form to your Canadian employer(s).
* If you are/were employed with more than one employer in the last four years, please send a copy of this form to all Canadian employers.
* If NO, please fill out your personal information and mail or email (info@clpnm.ca) this form to the CLPNM.

Applicant Authorization:

I authorize the CLPNM to contact the employer below for the purpose of verifying my hours worked as a regulated licensed practical nurse in Canada.

I authorize Name of Employer to complete this form.

Applicant signature: Date:

Employer Instructions: *Please attach a job description for licensed practical nurses regulated in your jurisdiction AND fill out the "Employer Contact Information" section. This form and job description must be mailed or emailed (info@clpnm.ca) directly to the CLPNM.

Please include the following information:
LPN's area of practice:
Employee's Start Date as a regulated LPN: End Date:
Employee works(ed) as a regulated LPN: Full-time Part-time Casual
Please list below the employee's hours worked as a regulated licensed practical nurse in Canada:
Year Regulated LPN Practice Hours
2018
2019
2020
2021
2022
Please state the reason(s) the employee left the position; if they have not left the position please write "still employed."

Employer Contact Information:

Name: Position:
Facility: Email:
Mailing Address: Phone:
Signature: Date: