



College of Licensed Practical  
Nurses of Manitoba

CLPNM Registration #

## SELF-EMPLOYED PRACTICE Business Registration Form

As per section 7(2)(a) of *The Licensed Practical Nurses Act*, the business name, business address and business phone number of every licensed practical nurse must be contained in the register. To help you comply with this requirement, please submit the following information about your self-employed practice within 30 days of establishing your business and the CLPNM will update the register.

1. Business Name: \_\_\_\_\_
2. Business Owner: \_\_\_\_\_
3. Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Type of Business: \_\_\_\_\_
7. Date of Inception: \_\_\_\_\_  
(dd/mm/yr)

I, \_\_\_\_\_, declare that I have read and that I understand the content and my responsibilities outlined in CLPNM's Practice Direction entitled Self-Employed Practice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Added to system: