



CLPNM Registration Number

As a self-employed licensed practical nurse, are required to submit this questionnaire to the CLPNM along with the Self-Employed Business Registration Form. If you are unsure whether you are considered self-employed, please review the CLPNM Practice Direction on Self-Employed Practice [available on the CLPNM website](#).

1. How long have you been a self-employed licensed practical nurse?

2. Please describe the type of services you provide.

3. Where do you provide your nursing services? (i.e. client's home, office)

4. Are your clients residents of Manitoba?

5. How do potential clients become aware of your services?



6. Do clients pay for your services?

7. How do you determine your fees?

8. Describe your role in the multidisciplinary health care team. Please include information regarding how you refer clients to other members of the health care team.

9. As a self-regulated professional, how do you uphold the profession's legislated mandate of public protection?

10. Have you ensured that your current business name is on file with the CLPNM?

Yes No

11. If you provide nursing foot care, have you ensured that a transcript is currently on file with the CLPNM?

Yes No *If no, you are required to ensure this information is forwarded to the CLPNM.

I, _____, declare that I understand my professional obligations and responsibilities as outlined in the legislation, regulations, Standards of Practice, Code of Ethics, Nursing Competency Documents, and Practice Directions, which are all found on the CLPNM's website.



Self-Employed Practice Questionnaire

College of Licensed Practical

Signature: Manitoba

Date: _____