



Personal Information:

Name: Last Name First Name Maiden Name Last Name at time of graduation Gender: Male Female DOB: (Day) (Month) (Year) Mailing Address: City: Province: Postal Code: Email Address: Immigration status or Canadian citizenship: 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 together with this application form either in person or by mail. All parts of this application form must be completed and signed using your current legal name.

- Payment of \$300.00 + \$15.00 GST = \$315.00 (all CLPNM fees are subject to change)
• Two Canadian passport-sized photos each stamped with the name of the place of business who took the photo.
• A notarized copy of your valid government-issued photo identification.
• A notarized copy of a valid legal document proving your immigration status or Canadian citizenship.

Note: all 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.

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 first/primary language (English/French), current registration in Canada, graduation within the past two years, and previous registration as a practical nurse in Canada.

		I have taken a Board Approved language proficiency test (Academic IELTS, Official CELBAN or Test D'évaluation de Français). If Yes, Name of Test: _____ Date of Test: _____ If Yes, have your scores been submitted to the CLPNM: Yes _____ No _____ Date: _____
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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 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? If YES, please list the province(s) and/or territory(ies): _____
		Have you been registered as a nurse in Canada in the last seven years? If YES, please list the province(s) and/or territory(ies): _____
		Have you ever held registration with the CLPNM? If YES, what was the last year you held active practicing registration: _____
		Have you been registered as a nurse outside of Canada 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 <u>practical</u> nurse with any other Canadian jurisdiction/regulatory body? If YES, please list in which province(s) and or territory(ies): _____
		Are you currently pursuing <u>or</u> do you plan to pursue registration as a <u>registered</u> nurse with any Canadian jurisdiction/regulatory body? If YES, please list in which province(s) and or territory(ies): _____
		In the last four years, have you worked as a practical nurse <u>or</u> as a registered nurse in Canada? If YES, please list the names of all employers: • _____ • _____ • _____ • _____ If No, what is the last year you worked as a nurse _____ and where _____
		In the last four years, have you worked as a health care aide in either <u>long term care</u> or <u>acute care</u> in Canada? If YES, please list the names of all employers: • _____ • _____ • _____ • _____

Declaration:

- 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.
- I acknowledge that I have read the Guide for Endorsement Applicants on the CLPNM website.
- 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.
- 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.
- 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.
- 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).
- I understand that electronic signatures are prohibited.
- I understand that any faxed, scanned or photocopied documents and/or application forms will not be processed.

Signature: _____ Date: _____

Fee(s) / Payment Information: (All CLPNM Fees are subject to change)

Endorsement Application	\$300.00 + \$15.00 (GST) = \$315.00
I am paying by: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit (In person only) <input type="checkbox"/> Money Order* *Money orders are payable to CLPNM. Please ensure your name is on your money order.	Visa or MasterCard: Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____ CVC: _____ Card Holder Signature: _____

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: _____