



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.

Applicant Information:

- If you are applying to endorse to become a licensed practical nurse (LPN) in Manitoba, you must hold current active practicing registration as an LPN in another Canadian jurisdiction (or as an RPN in Ontario).
You must send this form to your current nursing regulatory body, and to any other nursing regulatory body(ies) you have been registered with in the previous seven years (in Canada or abroad).

Applicant Authorization:

I authorize Name of regulatory body to complete this form.
Applicant Signature: Date:

Regulatory Body Instructions:

- Please complete the "Regulatory Body Authorization" below.
Please complete the information pertaining to the applicant's registration below.
NOTE: If you prefer to submit your own document detailing the information requested, please attach it with this form.
NOTE: this form and attached document(s) (if applicable) must be mailed directly to the CLPNM. Faxed/scanned documents will not be accepted.

Regulatory Body Authorization:

Jurisdiction:
Name: Position:
Signature: Please Place Seal Here
Date:

1. Full name of registrant—including all former names used by the registrant

2. Birthdate of registrant (dd/mm/yyyy)

3. Full name of nursing program—including program location (city and country)

4. Nursing program completion date (dd/mm/yyyy)

5. Whether the program was an approved program at the time the applicant completed

6. Whether the registration was by examination or endorsement—include name of examination (if applicable)

7. Date applicant passed examination (dd/mm/yyyy)

8. The registrant's registration number

9. Current Registration type (i.e. licensed practical nurse, registered practical nurse or registered nurse)

10. Registration class (i.e. general register or advanced register)

11. Initial registration date (dd/mm/yyyy)

12. Current registration status (i.e. active practicing, non-practicing, former member, etc.)

13. Registration expiry date (dd/mm/yyyy)

14. Has this registration ever been denied, revoked, suspended and/or surrendered? If "YES," please provide an explanation or attach additional documentation.

15. Is this registration currently under or subject to investigation? If "YES," please provide an explanation or attach additional documentation.

16. Are there any current limitations/conditions/restrictions on this registration? If "YES," please provide an explanation or attach additional documentation.
