



Credential Assessment Application

NNAS ID Number: _____

NNAS Application Number: _____

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 and related forms must be completed and signed using your current legal name.

- Payment of \$420.00 + \$21.00 GST = \$441.00 (fees are subject to change)
• Two Canadian passport-sized photos each stamped with the name of the place of business who took the photo. The place of business who took the photo must also provide a date stamp on the back of each photo. You must print your name in full on the back of each photo, and a guarantor must sign the back of each photo. (A guarantor must have known you personally for at least two years and cannot be a family member.)
• A notarized copy of valid government-issued photo identification (i.e. Canadian driver's license, Canadian passport, Canadian citizenship card or permanent resident (PR) card). If you submit a copy of your PR card, the front and back of the card must be copied and notarized.
• A notarized copy of a valid legal document proving immigration status or Canadian citizenship (i.e. permanent resident card [front and back must be copied], letter of approval of permanent residency from Immigration, Refugees and Citizenship Canada, Canadian citizenship card, or Canadian passport.)
• The Language Proficiency form. (If your first/primary language is NOT English or French you must also provide the required language test scores from a Board approved language proficiency test.)

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. Photocopy fees will apply if you do not provide a copy of the document(s).

General Information: (all questions must be answered in order for your application form to be accepted and processed)

Yes	No	
		<p>Have you graduated from a nursing education program? If YES, please list each program completed, the country in which you completed it, and the year completed.</p> <p>Nursing Program: _____ Country: _____ Year: _____</p> <p>Nursing Program: _____ Country: _____ Year: _____</p>
		<p>Are you currently registered as a nurse in Canada? If YES, please list the province(s) and/or territory(ies):</p> <p>_____</p>
		<p>Have you ever been registered as a nurse in Canada? If YES, please list the province(s) and/or territory(ies):</p> <p>_____</p>
		<p>Are you currently registered as a nurse outside of Canada? If YES, please list the country(ies):</p> <p>_____</p>
		<p>Have you been registered as a nurse outside of Canada in the last seven years? If YES, please list the country(ies):</p> <p>_____</p>
		<p>Have you ever been denied registration as a nurse in Canada or outside of Canada? If YES, where?:</p> <p>_____</p>
		<p>Do you hold current registration with a regulatory body for any other health profession(s)?</p> <p>If yes, where and for what profession: _____</p>
		<p>In the past seven (7) years, have you held registration with a regulatory body for any other health profession(s)?</p> <p>If yes, where and for what profession: _____</p>
		<p>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):</p> <p>_____</p>
		<p>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):</p> <p>_____</p>
		<p>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:</p> <p>• _____ • _____</p> <p>• _____ • _____</p>
		<p>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:</p> <p>• _____ • _____</p> <p>• _____ • _____</p>

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 Credential Assessment Application Guide for IENs 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 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.
- I understand that if I have been deemed eligible by another regulatory body to take additional education or to sit the CPNRE, I must advise the CLPNM. I understand that failure to do so could negatively impact my ability to continue with the CLPNM's credential assessment process.

Signature: _____ Date: _____

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

Credential Assessment Application	\$420.00 + \$21.00 (GST) = \$441.00
I am paying by: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit (In person only) <input type="checkbox"/> Money Order* <small>*Money orders are payable to CLPNM. Please ensure your name is on your money order.</small>	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: _____