College of Licensed Practical Nurses of Manitoba

Disclosure

NNAS ID Number: _____

NNAS Application Number: _____

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.

Disclosure: (all disclosure questions are mandatory and must be answered; if you answer "Yes" to any of the following questions, the CLPNM may contact you for further information)

Yes	No	
		Have you ever been investigated, charged, or convicted of an offence under the Criminal Code, Controlled Drugs and Substances Act, or the Food and Drugs Act? You must declare a charge or conviction even if you have been granted a conditional discharge, absolute discharge, a suspended sentence, or a record suspension.
		Have you ever been investigated, charged, or convicted of an offence involving an act of physical violence or death of an individual, whether under the Criminal Code or other statute?
		Has your name ever been entered onto an adult abuse and/or child abuse registry?
		Has your registration/license ever been denied, revoked, suspended, restricted or subject to individual terms and conditions by any regulatory body in any jurisdiction?
		Have you ever been investigated or had a finding by any regulatory body in any jurisdiction, including the CLPNM?
		Do you have a physical or mental health condition, disorder, or an addiction that may impair your ability to practise nursing competently and safely?
		Are you taking any medications or substances that may impair your ability to practise nursing competently and safely (such as cannabis, opioids, benzodiazepines, etc.)?
		Are you legally eligible to work in Manitoba?

Declaration:

I understand that I must submit current suitability checks (a criminal record check that is based on a Canada-wide search and which includes a vulnerable sector search, a Manitoban-issued child abuse registry check and a Manitoban-issued adult abuse registry check) with this application. I understand that my application will not be processed if these documents are not received by the College of Licensed Practical Nurses of Manitoba (CLPNM).

I understand that for purposes of registration with the CLPNM, these three suitability checks, to be accepted as valid, must have been issued by the relevant government authority within six months of the date they are submitted to the CLPNM.

I understand that faxed/scanned documents will not be accepted. 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).

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).

Signature: _____ Date: _____