



Verification of Hours Practiced as a Licensed Practical Nurse

PART A: REGISTRANT TO FILL OUT

Have you been employed in nursing in the previous four years? Yes [ ] No [ ] If No, please return this form to the College of Licensed Practical Nurses of Manitoba (CLPNM).

If you have been employed, make the necessary copies and forward this form to each of your nursing employer(s) in the previous four years.

I, \_\_\_\_\_ (# \_\_\_\_\_) authorize \_\_\_\_\_
Registrant's Name Registration Number Employer/RHA

to complete this verification of hours request form and submit it to the CLPNM on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART B: EMPLOYER TO SUBMIT

The above named person is applying to reinstate their registration as a licensed practical nurse (LPN) with College of Licensed Practical Nurses of Manitoba (CLPNM). Please provide the number of hours this employee has worked as an LPN for the year(s) listed in the box below (excluding sick/holiday time). Submit this form directly to the CLPNM via Canada Post or by email from your business email address.

Table with 3 columns: Year (4 yrs. preceding current reg. yr.), Full-time/Part-time Or Casual, Total Hours for the Year. Rows for 2020, 2021, 2022, 2023, 2024.

\*\*If you are an employer from outside of Manitoba, please include a job description along with this form\*\*

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone/email: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: This form is not to be used as a general release of hours from the employer to the employee. This form is for College of Licensed Practical Nurses (CLPNM) purposes only and must be submitted directly from the employer to CLPNM.

Please do not write in this box – Office Use Only Alinity: \_\_\_\_\_ Completed by: \_\_\_\_\_