

## Canadian Practical Nurse Registration Examination (CPNRE) Application Form

### **SECTION 1 – Personal Information:**

Full Legal Name (first, middle, last name): \_\_\_\_\_

Previous Legal Last Name(s): \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Canadian Citizen: YES  NO

Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

### **SECTION 2 - Nursing Education:**

Holland College Practical Nursing Program Campus: Charlottetown  Summerside

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

### **SECTION 3 - Fees:**

Fees are accepted in Canadian Funds only.

- Canadian Practical Nurse Registration Examination (CPNRE) Fee \$400.00.
- CPNRE late fee \$50

The fees are payable by Interac e-Transfer, Debit, Visa, MasterCard. Personal Cheques will not be accepted.

Please send Interac e-Transfer to [info@clpnpei.ca](mailto:info@clpnpei.ca). Please send a separate email to [kjay@clpnpei.ca](mailto:kjay@clpnpei.ca) with the answer to the security question.

**SECTION 4 – Personal Declaration:**

I authorize the Registrar to investigate and obtain, from any person or persons, such information as may be required in relation to this application. I certify that the statements made by me in the application are true and complete. I am aware that misrepresentation or falsification may result in rejection of my application of registration. I will immediately report to the Registrar anything that would alter my responses to any of the questions contained in this application.

I understand that I must be current and competent in my practice to safely provide nursing services to the residents of Prince Edward Island. This is my professional responsibility for which I am held accountable through the PEI Regulated Health Professions Act & PEI Licensed Practical Nurse Regulations and my regulatory body, the College of Licensed Practical Nurses of Prince Edward Island (CLPNPEI). I understand that as a Licensed Practical Nurse I must use the Code of Ethics in conjunction with my professional standards and competencies, workplace policies, and legal requirements to guide my practice and behavior. In achieving these requirements, I will fulfill my contract with CLPNPEI for professional and ethical practice.

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**OFFICE USE ONLY**

Date CPNRE Fee Received \_\_\_\_\_

Method of Payment: Interac e-Transfer  Visa  MasterCard  Debit  Cash

Date GPN Certificate of Registration Fee Received \_\_\_\_\_

Method of Payment: Interac e-Transfer  Visa  MasterCard  Debit  Cash

Date GPN License is issued \_\_\_\_\_