# VERIFICATION OF REGISTRATION

**Complete Section 1 and forward to the appropriate registration/regulator to complete Section 2. Once completed, the form must be mailed or emailed directly from the registration/nursing board(s) to the College of LPNs and HCAs of Alberta (CLHA). Copies will not be accepted.**

**Please note: The regulator may have their own process for requesting Verifications of Registration, in which case this form is not necessary.**

## SECTION 1 (Completed by Applicant)

### PERSONAL (Please Print)

Current Legal Surname (Last Name) _____ Given Name (First Name) _____ Middle Name(s) _____

Previous Name _____ Date of Birth (dd/mm/yy) _____ Gender: ❒Female ❒Male ❒Unspecified

Apartment / Box No. / Address or Street No. _____ City / Town / Village _____

Province/State _____ Country _____ Postal Code / Zip Code _____

Telephone No. _____ Cell No. _____ Primary Language _____

E-mail Address _____

### EDUCATION (Please Print)

Name of Program _____ Name of Educational Institution _____ Graduation Date (dd/mm/yy) _____

Educational Institution Complete Address _____

### REGISTRATION (Please Print)

Name of Registration/Nursing Board _____

Initial Registration Date with Board (dd/mm/yy) _____ Registration Number _____

# VERIFICATION OF REGISTRATION

## SECTION 1 Continued

### CONSENT TO RELEASE INFORMATION

I am seeking registration as a
☐Licensed Practical Nurse
☐Health Care Aide
in Alberta.

I authorize _____ (name of Registration/Nursing board) to complete Section 2 of this form and mail the required documentation directly to the College of Licensed Practical Nurses and Health Care Aides of Alberta (CLHA).

**PRIVACY STATEMENT**
I acknowledge that the information contained in this form is being collected and will be used for the purpose of assessing my application for registration. This information will be maintained on my file and may also be used to assess my application for renewal of my practice permit in the future or for the purpose of a discipline proceeding under Part 4 of the *Health Professions Act.* Information collected in this form including geographical, education, and employment information may also be disclosed to non-profit organizations and institutions for the purposes of health policy making and health human resource planning. No other disclosure of this information will be made except in accordance with the provisions of the *Health Professions Act*, the Licensed Practical Nurses and Health Care Aides Profession Regulation, the *Personal Information Protection Act*, or as otherwise permitted by law.

_____ _____
Applicant Signature (do not print) Date (dd/mm/yy)

# VERIFICATION OF REGISTRATION

College of LPNs and HCAs of Alberta

## SECTION 2 (Completed by Registration/Nursing Board)

### THIS CERTIFIES THAT (Please Print)

Current Legal Surname (Last Name) _____ Given Name (First Name) _____ Middle Name(s) _____

Nursing School/Educational Program _____ Completion Date (dd/mm/yy) _____

Educational Facility Address _____ Registered by ❒ Examination ❒ Endorsement

Initial Registration Date (dd/mm/yy) _____ Expiry Date (dd/mm/yy) _____ Registration Number _____

Name of Examination Written _____ Date Examination Written (dd/mm/yy) _____ Language of Examination _____

Number of Times Examination was Written_____ Results ❒ Pass ❒ Fail

Current Status ❒ Registered ❒ Inactive

### FORMAL ACTIONS

| | | | |
|---|---|---|---|
| 1. | Has the individual's registration has ever been denied, revoked, suspended, or under review? | ❒Yes | ❒No |
| 2. | Has the individual's registration has ever been subject to conditions, limitations, restrictions, and/or an agreement with the board? | ❒Yes | ❒No |
| 3. | Does the individual have any current limitations/conditions/restrictions their practice permit? | ❒Yes | ❒No |
| 4. | Has the individual ever voluntarily surrendered their practice permit? | ❒Yes | ❒No |
| 5. | Has the individual ever had any formal disciplinary action for their nursing practice? | ❒Yes | ❒No |
| 6. | Has the individual ever had any formal sanctions imposed against them as a matter of public record (e.g. complaints with a finding of unprofessional practice)? | ❒Yes | ❒No |
| 7. | Is the individual the subject of a current investigation, proceeding, outstanding, and/or unresolved complaint related to their nursing practice? | ❒Yes | ❒No |

**If "Yes" is the answer to any of the questions, please attach documentation outlining action(s) taken.**

### ACTING ON BEHALF OF REGISTRATION, BOARD, OR COUNCIL

Signature of Registrar/Designate _____ Print Name _____

Title _____ Email _____

Name of Licensing Authority/Jurisdiction _____ Date (dd/mm/yy) _____

Place Official Stamp or Seal Here