

Verification for Practical Nurse Refresher Program

PERSONAL (Please Print)

Current Legal Surname (Last Name)	Given Name (First Name)	Middle Name(s)	Previous Name(s)	Gender ☐ Female ☐ Male ☐ Unspecified
Apartment / Box No. / Address or Street No		City / Town / Village		Registration Number
Province/State	Country	Postal Code / Zip Code		Phone (including area code)
E-mail Address				Primary Language

PERSONAL DECLARATIONS (check applicable answer)

I give my consent for CLHA staff to share the information contained on this form with the Lethbridge Polytechnic Practical Nurse Refresher program

☐ Yes
☐ No

PRIVACY STATEMENT

I acknowledge that the personal information about me on this form (my "Personal Information") is being collected by the College of LPNs and HCAs of Alberta (CLHA) pursuant to the *Personal Information Protection Act* for the purposes of referring me to the Lethbridge Polytechnic Practical Nurse Refresher program. See the **CLHA Privacy Policy** for more information.

I acknowledge that my Personal Information will be forwarded to Lethbridge Polytechnic.

I further acknowledge that CLHA will maintain my Personal Information on my file and also that CLHA may use the Personal Information to assess any application I make for reinstatement, or renewal of my practice permit.

I understand that CLHA may disclose my Personal Information to non-profit organizations and institutions for the purposes of health policy making and health human resource planning.

I further understand that CLHA will not otherwise disclose my Personal Information except in accordance with the provisions of the *Health Professions Act*, the *Licensed Practical Nurses and Health Care Aide Profession Regulation*, the *Personal Information Protection Act*, or as otherwise permitted by law.

Applicant Signature

Date (dd/mm/yy)

CLHA verification –This box for office use only

Lethbridge Polytechnic
application purposes

Confirmation of applicant's

☐ Practical nurse education
Program name:
Date of completion:

☐ LPN registration examination
Date exam was passed

☐ Registration with the CLHA
Initial:
Last:

☐ Practice hours self-reported in past seven years

☐ Outstanding conditions/fees/conduct matters, etc.

Additional notes

Date:

Signature of CLHA Representative: