



SECTION 1: TO BE FILLED BY THE APPLICANT

APPLICANT INFORMATION

First name _____ Last name _____ Date of birth (AAAA/MM/JJ) ____/____/____

Gender: Female Male

Full address _____

I, _____ graduated from _____
Please print your name *Name of the School of LPN*

located in _____ on the following date ____/____/____
City and Country *(AAAA/MM/JJ)*

I authorize _____ to provide the information requested in Section 2
Name of LPN Board of registration

and any all information in its possession to the *Ordre des infirmières et infirmiers auxiliaires du Québec* regarding my registration/licensure/ permit. This shall constitute your legal authority to provide any and all information which the *Ordre des infirmières et infirmiers auxiliaires du Québec* shall request which may, in any way, be relevant to my application.

Applicant's signature _____ Date (AAAA/MM/JJ) ____/____/____



SECTION 2:

Board of Registration: Please complete section 2 of this form and send it directly to *Ordre des infirmières et infirmiers auxiliaires du Québec – Service de la Formation professionnelle et des Permis*, in an envelope bearing the letterhead, seal or stamp of the Board of Registration.

Name of the applicant

Name of the School of LPN

Location of the School of LPN

Date of admission (AAAA/MM/JJ)

Date of completion (AAAA/MM/JJ)

1. Type of program completed:

Licensed practical nurse

Registered nurse

Other : _____

2. Was the LPN program recognized or approved in the jurisdiction in which the program was completed as qualifying the applicant to practise in that jurisdiction as a:

Registered Nurse:

No

Yes

Registered Practical Nurse:

No

Yes

3. The program was officially recognized or approved by:

4. Registration was obtained by:

Examination

Endorsement

Other : _____

5. If registration was obtained by examination, please provide the following:

Number of times the registration examination was written:

Date examination passed (AAAA/MM/JJ): _____

6. Category of registration:

Registered nurse

Registered practical nurse

Other : _____

7. Original date of registration:

Expire date (AAAA/MM/JJ) : _____ / _____ / _____

8. Registration/license/ number issued: _____

9. Registration/license/ status:

Active/current

Expired

Other: _____

10. Has the registrant /member ever been refused registration/ licensure/permit to practise as an LPN in your or any other jurisdiction?

No

Yes

If yes, please attach explanation.

11. Has the registrant/member's registration/license/permit ever been revoked, suspended, surrendered, restricted or subject to individual terms and conditions or has the registrant/member ever been struck off the roll, including a provisional striking off the role?

No

Yes

If yes, please attach explanation.

12. Has the registrant/member ever been found guilty of an offence which resulted in penal proceedings such as using the title of LPN or engage in professional activities reserved for an LPN, without being a member of the professional order?

No

Yes

If yes, please attach explanation.

13. Has the registrant/member's right to engage in professional activities ever been restricted or suspended?

No

Yes

If yes, please attach explanation.



14. Has the registrant/member been subject of a finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding in relation to the practice of an LPN?

No

Yes

If yes, please attach explanation.

15. Has the registrant/member been subject of a finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding in relation to the practice of an LPN?

No

Yes

If yes, please attach explanation.

16. Is the registrant/member currently the subject of an inquiry, investigation or a proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding in relation to the practice of an LPN?

No

Yes

If yes, please attach explanation.

17. Is the registrant/member the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement because of a complaint, investigation or proceeding?

No

Yes

If yes, please attach explanation.

18. Is the registrant/member in compliance with the continuing competency and quality assurance requirements of your board?

No

Yes

If yes, please attach explanation.

19. Is the registrant/member in compliance with those activities:

Intravenous therapy

Nasogastric tube

Vaccine

Venipuncture

I, _____,

Please print your name

the registrar/secretary acting on behalf of the _____
Name of the LPN board where applicant/registrant is/was registered

do hereby certify that the foregoing statements are true statements of the registration record for _____
Name of the registrant

Name	Title
_____/_____/____/____	
Signature	Date (AAAA/MM/JJ)

Mail to: OIIAQ
Service de la formation professionnelle et des permis
3400, boulevard De Maisonneuve Ouest
Bureau 1115
Montréal (Québec) H3Z 3B8

oiiq.org

Place Seal here:

