

**SALPN OUT OF
PROVINCE GLPN**

VERIFICATION OF REGISTRATION/LICENSURE

Part A (to be completed by Applicant)

Name _____
First Last Middle Maiden

Address _____
Street City Province Postal Code

I authorize the jurisdiction of _____ to complete this form.

Applicant Signature

Date

Part B (to be completed and certified by the Registrar or Designate and sent directly to the SALPN)

I do certify that _____
Name of Applicant Maiden

Graduate from _____ Located in _____
School of Nursing Province/State/Country

Graduated with: Certificate Diploma Degree Completion Date _____

Registration Number _____ Issued on _____
MM/DD/YY

Applicant was registered by: Examination Endorsement

Examination written: CPNRE NCLEX Other (specify) _____

Examination Date: _____ Pass Fail Number of times written: _____

Registration Status: Practicing Non-Practicing Other

Is the Registrant's Registration/Licensure currently or ever had a history of being revoked, suspended, surrendered, restricted or subjected to individual terms and conditions?

Is the Applicant eligible for renewal? Yes No

If no, please indicate why: _____

Signature of Registrar or Designate

Date

Jurisdiction

SEAL

PAYMENT INFORMATION (please print)

Date:		Amount:	\$550.00
Payment Description:	OUT OF PROVINCE GLPN APPLICATION FEE - \$150.00		
	OUT OF PROVINCE GLPN LICENSURE FEE - \$400.00		

PERSONAL INFORMATION (please print)

Name:			
Address:			
City:	Province:		Postal Code:
Phone:	Cell:		
Email:			

CREDIT CARD INFORMATION (please print)

Cardholder Name:			
Credit Card #:			
Expiry Date:	Month:	Year:	Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Signature:		Date:	