

CENTRE FOR NURSING STUDIES

CONTINUING NURSING STUDIES REGISTRATION FORM

First Name Last Name Maiden Name

Street Address City/Town Province Postal Code

MCP No. SIN No. Next of Kin

Phone (Residence) Phone (Business) Phone (Cell)

E-Mail Address Number of years since last practicing as LPN/RN

Program/Course Name Desired Date to Commence Program/Course

Copy of active RN license / LPN certificate is required for all postbasic courses with a clinical component.

PAYMENT:

Cheque [] Cash [] Master Card/Visa [] Debit [] *Sponsor []

AMOUNT PAID: _____

Cheque or money order should be made payable to the Centre for Nursing Studies.

Master Card / VISA Cardholder's Name: _____

Visa # _____ Expiry Date: _____

* Sponsored students must show proof of sponsorship when they register.

Sponsor's Name:

Contact Person:

Address:

Phone No.

Fax No.

E-Mail:

I agree to be governed by the policies, rules, and regulations as set forth by the Centre for Nursing Studies.

Learner's Signature

Date