CENTRE FOR NURSING STUDIES CONTINUING NURSING STUDIES

LPN ANATOMY & PHYSIOLOGY I DISTANCE COURSE

REGISTRATION FORM

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				to be governed by the policies, rules, and	
obtain personal references, to verify educational background, and/or to provide the clinical preceptor with this in ii) provide verification of successful course completion to the licensing body and/or sponsoring agency.	obtain personal references,	to verify educational backg	round, and/or to provide the cli	nical preceptor with this information	
Date Signature of Student	Date		Signature of Student		

The Centre for Nursing Studies (CNS) acknowledges and respects the privacy of individuals. The personal information included on this form is collected under the authority of Sections 32 and 33 of the Access to Information and Protection of Privacy Act and will be used for processing your application, the administration of student records, and coordinating your academic program. Contact information may be shared with other agencies as it pertains solely to the administration of the program/course for which you have applied or as authorized by law.

EMAIL: Stephanie.barrington@mun.ca

FAX NUMBER: 709-777-8176