

**CENTRE FOR NURSING STUDIES
CONTINUING NURSING STUDIES**

ADVANCED FOOTCARE COURSE FOR NURSES

REGISTRATION FORM

SECTION I PERSONAL INFORMATION

CRNNL LICENSE # _____ CLPNNL LICENSE # _____

First Name Middle Name Last Name Maiden Name

Mailing Address (Incl. Apt #) City/Town Province Postal Code

Phone Number Email Address: (for notification of course offering dates)

SIN Number Emergency Contact Person Telephone

SECTION II: EMPLOYMENT:

Current Employing Health Board: _____ Current Work Site: _____
Immediate Supervisor/Manager: _____ Phone Number: _____

SECTION III: PAYMENT AMOUNT: \$500.00

Cheque [] Cash [] Credit Card [] Debit [] * Sponsor []

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

Master Card / VISA Cardholder's Name: _____ CV Code: _____

Master Card/Visa # _____ Expiry Date: _____

A non-refundable 2.50% convenience fee will be applied to credit cards.

*** Sponsored students must complete the following information.**

Sponsoring Agency:	Contact Person:
Phone No.	Fax No.
	E-Mail:

PROOF OF LICENSURE IS REQUIRED.

I hereby verify that the information given on this Registration form is correct. I agree to be governed by the policies, rules, and regulations as set forth by the Centre for Nursing Studies. Permission is granted to The Centre for Nursing Studies to provide verification of successful course completion to the licensing body and/or sponsoring agency.

Date

Signature of Learner

The 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. If you have any questions about the collection, use, or disclosure of information on this form, please call 709-777-8162.

FAX NUMBER: 709-777-8176