



**D. EDUCATIONAL INFORMATION**

Aside from the previous high school and/or post-secondary experience you have indicated on your *UFV Application for Admission*, please list any other education you have completed (i.e., courses, seminars, conferences, etc.).

COURSES, etc.	INSTITUTION	COMPLETION DATE

**E. WORK AND/OR HEALTH CARE EXPERIENCE**

**Work experience**

DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER

**Health care volunteer experience (if not employed in health care)**

DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER

**F. REFERENCE**

See attached **Nursing/Practical Nursing** reference form, to be mailed directly to UFV by the referee.

<b>I certify that the information provided is correct.</b>	
Applicant's signature	Date

**D. LPN LICENSURE**

1. Do you have current CLPNBC Practicing License?  Yes  No

If yes, please provide your BC Licensing Number: \_\_\_\_\_

2. Are you licensed in other provinces/states/countries?  Yes  No

If yes, please list: \_\_\_\_\_

**E. EDUCATIONAL INFORMATION**

**Nursing education**

YEAR(S)	INSTITUTION	LOCATION	LENGTH OF PROGRAM

**F. WORK EXPERIENCE**

DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER

**G. REFERENCE**

See attached LPN Access reference form, to be mailed directly to UFV by the referee.

<b>I certify that the information provided is correct.</b>	
Applicant's signature	Date