

Applicant Information

Last Name: _____ First Name: _____
Date of Birth: _____ Student ID: _____
(if available)

Current Designation: Licensed Practical Nurse (LPN) _____
LPN Registration No.

Do you have any restrictions on your nursing practice? ☐ Yes ☐ No

Declaration

I, _____, understand that nursing education and clinical practice require the physical, psychological, cognitive, and behavioural capacity necessary to provide safe, competent, ethical, and professional nursing care.

I confirm that to the best of my knowledge and belief:

I am fit to participate safely in the academic and clinical requirements of the program.

I have the physical, psychological, cognitive, and behavioural capacity required to participate in nursing education and supervised clinical practice.

I am not currently aware of any condition, impairment, or circumstance that would prevent me from safely participating in the program or providing safe patient/client care in a clinical learning environment.

I understand my responsibility to recognize and address any circumstance that may affect my ability to practice safely and competently.

I understand that fitness to practice is an ongoing responsibility and that my fitness may change over time.

I understand my professional responsibility to disclose relevant circumstances affecting my fitness to practice when disclosure is required by legislation, regulatory requirements, professional standards, Assiniboine College policies, or clinical placement requirements.

I understand that medications, alcohol, cannabis, illicit substances, or other substances must not impair my ability to safely participate in clinical education or provide patient/client care.

I understand that, as an LPN entering a Bachelor of Nursing program, I remain responsible for practicing within my current scope of practice and applicable regulatory requirements until such time as I am authorized to practise as a Registered Nurse.

I agree to comply with applicable nursing legislation, regulatory standards, codes of ethics, professional expectations, Assiniboine College policies, and the requirements of clinical placement agencies.

Applicant Acknowledgement

By signing below, I confirm I have read and understood this declaration and the information I have provided is **truthful, accurate, and complete to the best of my knowledge**. I understand that maintaining fitness to practice is an ongoing professional responsibility and that providing false or misleading information may have implications for my admission, participation in clinical education, or professional registration.

Applicant Signature: _____

Printed Name: _____

Date: _____