

Please submit this form in addition to a UFV Application for Admission. Send completed forms to [admissions@ufv.ca](mailto:admissions@ufv.ca)

### A. PROGRAM OPTIONS

- Nursing** Preferred Start Date:                      September                      January
- LPN Access**                      September start only
- Practical Nursing**                      September start only

### B. PERSONAL INFORMATION

Last name (family name)		First name	UFV student number or application ID (if known)
Former names (copy of birth certificate/marriage certificate/change of name will be required)			
Email address		Date of birth (YYYY-MMM-DD)	
Phone number (with area code)		Alternate phone number (with area code)	
Emergency contact's name		Emergency contact's phone number (with area code)	
Emergency contact's address			
Do you have any illness or disability to which our early attention may facilitate your participation with the program?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):			

**C. 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

**D. 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

**E. REFERENCE**

See [www.ufv.ca/registrar/forms/](http://www.ufv.ca/registrar/forms/) "Nursing Programs" for applicable **Nursing/Practical Nursing** confidential reference form, to be mailed directly to UFV by the referee. References sent directly to UFV from students will not be considered.

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

### C. LPN LICENSURE

1. Do you have a 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:

### D. EDUCATIONAL INFORMATION

#### Nursing Education

YEAR(S)	INSTITUTION	LOCATION	LENGTH OF PROGRAM

### E. WORK EXPERIENCE

DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER

### F. REFERENCE

See [www.ufv.ca/registrar/forms/](http://www.ufv.ca/registrar/forms/) "Nursing Programs" for **LPN Access** confidential reference form, to be mailed directly to UFV by the referee. References sent directly to UFV from students will not be considered.

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**I certify that the information provided is correct.**

Applicant's signature

Date