

Professional Development in Psychiatric Nursing

PROGRAM REGISTRATION FORM

- I have previously taken a course at Douglas College *If known: Student # _____*
- I have never taken a course at Douglas College Practising Registration *please tick one box:*
- LPN

Please print:

Surname: _____ First Name: _____

Address: _____ Apt. #: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home: _____ Work: _____

Email: _____ *please circle one:* Male Female

Date of Birth: _____

Day Month Year

Required for Knowledge Transfer, LPN Mental Health Certificate & RN Mental Health Certificates:

Name and Workplace address: _____ Name of Manager or Supervisor _____

Phone: _____

Please check box of program you wish to be registered in:

- Licensed Practical Nurse (LPN) Mental Health Program Sponsored by _____

Please Attach Entrance Requirement Documentation

- Proof of professional designation in nursing from your regulatory body
- CPR Level C or Level HCP (required for Psychiatric Nursing Refresher, RN Qualifying and RN Mental Health Programs with the Clinical Practice option)
- Criminal Record Search (required for Psychiatric Nursing Refresher, RN Qualifying and RN Mental Health Programs with the Clinical Practice option).

Fax to: Maria Cordeiro

Program Assistant
Faculty of Health Sciences Continuing Education
604-777-6498

Tel: 604-777-6527

OFFICIAL USE ONLY

Semester: _____ Registered and paid in full

CRN(s): _____

Program Signature _____ Date _____

Registration Clerk Signature _____ Date _____