



**COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA**

St. Albert Trail Place Telephone 780.484.8886
13163 146 Street Toll Free 800.661.5877
Edmonton AB T5L 4S8 Fax 780.484.9069
www.clpna.com

**CONSENT TO RELEASE
INFORMATION**

I, _____ (Name of CLPNA member), # _____ (CLPNA Registration Number)
consent to the release of the information checked below:

Check	Information Required	Year(s) Requested (If Applicable)	Fee
<input type="checkbox"/>	True Copy of Practice Permit for Registration/Income Tax Purposes		\$11.00
<input type="checkbox"/>	Copy of Learning Plan		\$11.00
<input type="checkbox"/>	Hours Worked Letter		Active Member = \$11.00 Inactive Member = \$27.00
<input type="checkbox"/>	CLPNA Post Basic Course(s) Letter		Active Member = \$11.00 Inactive Member = \$27.00

***All Fees Include GST

Mail Information to: _____
(Complete Mailing Address, including Postal Code)

Signature of Member

Date

PAYMENT INFORMATION:

Payment Type (check one): Cash Personal Cheque Credit Card

Payment Amount: \$ _____ Personal Cheque #: _____

Visa/MasterCard #.: _____ / _____ / _____ / _____
(16 Digit Number)

Expiry Date: _____ (Month) / _____ (Year)

Signature: _____

\$25 WILL BE CHARGED ON ALL N.S.F. CHEQUES.