



LICENSED PRACTICAL NURSE

CONSENT FOR VERIFICATION OF REGISTRATION

I, \_\_\_\_\_ (name of CLPNA member), \_\_\_\_\_ (CLPNA registration number) consent to the disclosure of the following personal information (description of personal information to be disclosed, hereinafter "My Personal Information"):

**Check applicable boxes below:**

Verification of Registration

By CLPNA to:

\_\_\_\_\_  
(Organization)

\_\_\_\_\_  
(Address)

For the following purpose:

\_\_\_\_\_  
(Description of purpose for disclosure of personal information, hereinafter the "Disclosure Purpose")

I am aware of the risks and benefits of consenting, as well as refusing to consent, to the disclosure of My Personal Information, including (for example) risks associated with the Recipient having My Personal Information in their custody or control and using it for purposes other than the Disclosure Purpose.

I understand that I may revoke this consent at any time. If, however, I revoke my consent after CLPNA has relied on it and disclosed My Personal Information to the Recipient, I acknowledge that CLPNA is not responsible for the Recipient and no longer has custody or control of My Personal Information.

I understand, and intend, that this consent is *not* an authorization for the Recipient to act on my behalf, including (for example) acting on my behalf to access personal information of mine in the future.

I also understand that there is a **\$30.00** fee for current CLPNA members and a **\$60.00** fee for non-members.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Printed Name of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date



## CREDIT CARD AUTHORIZATION FORM

### Credit Card Authorization

#### PAYMENT INFORMATION (please print)

Date:		Amount:	<input type="checkbox"/> \$30.00 Member fee <input type="checkbox"/> \$60.00 Non-member fee
Payment Description:	<b>CONSENT FOR VERIFICATION OF REGISTRATION</b>		

#### PERSONAL INFORMATION (please print)

Name:					
Address:					
City:		Province:		Postal Code:	
Phone:		Cell:			
Email:					

**For privacy and security reasons, once payment is processed the below section will be destroyed.**

#### CREDIT CARD INFORMATION (please print)

Cardholder Name:					
Credit Card #:					
Expiry Date:	Month:	Year:	Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Signature:			Date:		