



## Registered Practical Nursing Diploma Completion Program Application Form

To apply to the Registered Practical Nursing Diploma Completion Program, follow these steps:

1. Complete this form.
2. Review the documentation checklist on the second page of this form and create copies of the required documents.
3. Email your application form and **all** the required documents to Gayle Bradley, Nursing Co-ordinator, at [gbradley@georgebrown.ca](mailto:gbradley@georgebrown.ca).  
**If your application email is incomplete, you will not be eligible for admission.**

The personal information on this form is collected under the legal authority of the *Ministry of Colleges and Universities Act*, R.S.O. 1990 Reg. 770. The information is being collected for the purposes of admission and administration decisions as outlined by the *Freedom of Information and Protection of Privacy Act* of Ontario Sections (38)(39).

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### PERSONAL AND CONTACT INFORMATION (print clearly)

Name (full legal name)

Date of Birth (dd/mm/yyyy)

Student ID Number (if you have one)

Street Address

City

Province

Postal Code

Home Phone Number

Cell Phone Number

Other Phone Number

Email Address (provide one that is checked frequently)

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### ACADEMIC AND STUDY STATUS INFORMATION

When do you wish to start the program? Select the term and indicate the year (e.g., Winter term intake: January 2021).

- Fall term intake: September 20\_\_
- Winter term intake: January 20\_\_
- Spring/Summer term intake: May 20\_\_

Are you a practicing registered practical nurse (RPN)?

- Yes
- No

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## DOCUMENTATION CHECKLIST

Your application email **must** include the following:

- A copy of your completed Registered Practical Nursing Diploma Completion Program application form
- A copy of your registration with the College of Nurses of Ontario (CNO)
- A copy of your resumé or curriculum vitae (CV) outlining your previous nursing education and practice

You must provide copies of **all** the listed documents. **If your application email is incomplete, you will not be eligible for admission.**

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## DECLARATION

I certify that the information provided within this form is true and that I have submitted all required documentation.

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Signature

Date

Submit the completed application package **by email** to  
Gayle Bradley, Nursing Co-ordinator, at this address:

[gbradley@georgebrown.ca](mailto:gbradley@georgebrown.ca)

You will receive an email confirming your acceptance to the program  
within **10 business days** of our receipt of your submission.