

IDENTIFICATION OF THE APPLICANT

Last name:	<input type="text"/>	Permit number:	<input type="text"/>
Birth name:	<input type="text"/> <small>If different from the family name</small>	First name:	<input type="text"/>
Address:	<input type="text"/>	Date of birth:	<input type="text"/> <small>AAAA-MM-JJ</small>
City (Province):	<input type="text"/>	Country:	<input type="text"/>
Email:	<input type="text"/>	Postal code:	<input type="text"/>
		Telephone:	<input type="text"/>

EDUCATIONAL INSTITUTION

This section must be completed by the representative of the educational institution that issued the diploma.

Institution's name:	<input type="text"/>		
Address:	<input type="text"/>	Country:	<input type="text"/>
City (Province):	<input type="text"/>	Postal code:	<input type="text"/>
Representative:			
Last name:	<input type="text"/>	First name:	<input type="text"/>
Title:	<input type="text"/>		
Email:	<input type="text"/>	Telephone:	<input type="text"/>
Certifies that the applicant, identified on the diploma		Student number:	<input type="text"/>
Followed the program of:	<input type="text"/> <small>Program's Title</small>	Start date:	<input type="text"/> <small>AAAA-MM-JJ</small>
Has obtained the diploma:	<input type="text"/> <small>Title as it appears on diploma</small>	End date:	<input type="text"/> <small>AAAA-MM-JJ</small>
		Obtained:	<input type="text"/> <small>AAAA-MM-JJ</small>
		Language of study:	<input type="text"/>

I certify the accuracy of the information contained in this application.

I authorize the Ordre des infirmières et infirmiers du Québec to proceed with its verification if necessary.

Signature:

Date of signature:

Please affix your seal or
stamp in this space

The form must be completed, signed, and returned to the applicant.