



**Important – This form must be completed by each educational institution where you have obtained each of the graduate diplomas or certificates you wish recognition of.**

## IDENTIFICATION OF THE APPLICANT

Permit number:	<input type="text"/>		
Last name:	<input type="text"/>	First name:	<input type="text"/>
Birth name:	<input type="text"/>	Date of birth:	<input type="text"/>
	<small>If different from the family name</small>		<small>AAAA-MM-JJ</small>
Address:	<input type="text"/>	Country:	<input type="text"/>
City (Province):	<input type="text"/>	Postal code:	<input type="text"/>
Email:	<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"/>
<b>Representative:</b>			
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"/>	Start date:	<input type="text"/>
	<small>Program's Title</small>		<small>AAAA-MM-JJ</small>
		End date:	<input type="text"/>
			<small>AAAA-MM-JJ</small>
Has obtained the diploma:	<input type="text"/>	Obtained:	<input type="text"/>
	<small>Title as it appears on diploma</small>		<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.**

