

WAIVER OF CONFIDENTIALITY

I, _____, hereby waive my right to confidentiality insofar as it is necessary for the College of Licensed Practical Nurses of British Columbia (thereafter, the CLPNBC) to review my application for registration.

Consent to Release of Information

I authorize the CLPNBC to obtain any of my personal information from any third party including, but not limited to, previous and present employers. I give my consent and authorize the third party to provide the CLPNBC any information it may require to review my application including, but not limited to:

- employment and evaluation records
- personal and professional references
- police, court and probation records
- professional registration and/or disciplinary records with any professional regulatory body in any jurisdiction
- medical, psychiatric and hospital records, AND
- educational records.

I also consent to providing the CLPNBC, at its request and my expense, a fingerprint analysis for a general criminal record check.

I agree that if any information becomes incomplete or inaccurate at any time after I have submitted my application, I will forthwith advise the CLPNBC.

Declaration

I have read and fully understand the waiver and agree to its terms.

Signed, _____ on _____, at _____
Applicant Date City, Province