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Personal Student Information (Legal Name)		
Student First Name	Student Middle Name	Student Last Name
Address:		
City:	Province:	Postal Code:
Telephone Number:	Status in Canada:	
Country of Citizenship:	Country of Birth:	
Language at Birth:	Birth Date (yyyy-mm-dd):	
DC Student Number (if applicable):		Gender:
Email Address:		

Entrance Requirements	CNO Registration Number
Proof of current Registered Nurse (RN) or Registered Practical Nurse (RPN) registration	

**By submitting this form, I declare the above information to be true and accurate to the best of my knowledge as of the date of submission.**

I hereby certify that all attachments are true and accurate, and I agree that my application may be rejected if I have falsified this application in any way, had anyone else complete it, or failed to provide all relevant information.

Submit To: [ppladmissions@durhamcollege.ca](mailto:ppladmissions@durhamcollege.ca)

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Current RN Registration Verified	Yes	No
Current RPN Registration Verified	Yes	No

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