



Faculty of Health Professional Studies
CAEN Application
Email: Lorna.Wolfe@kpu.ca

Last Name: _____ First Name: _____

Middle Name: _____ Other/Maiden Name: _____

Birth date (dd/mm/yyyy): _____ Gender M ☐ F ☐ Citizenship: _____

Have you attended Kwantlen Polytechnic University before? Yes ____ No ____ If yes, Kwantlen Student #: _____

CRNBC #: _____

Please tick all that apply: ☐ I have completed an SEC Assessment and have a referral letter from CRNBC ☐

☐ I have completed a CAEN Assessment ☐

☐ I have a current Inquiry/Discipline Agreement in place with CRNBC

☐ I certify that I have fitness to practice (if you have fitness to practice concerns, please disclose to our office) ☐

Contact Information

Street Address: _____

City, Province, Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email address (Kwantlen Email Preferred): _____

Emergency Contact

Name: _____ Relationship to you: _____

Home Phone Number: _____ Work Phone Number: _____

The purpose of this form is to provide student information which permits the CPS office at KPU to create your student profile. Once the profile has been created, you will be contacted via email with next steps for registration in the CAEN. Please indicate below which type of CAEN you will be undertaking.

☐ CAEN Student Paid – CRN _____

☐ CAEN Third Party Sponsored (union, employer, etc.) – CRN _____

Applicant's Declaration

I certify that all statements on this application are true and complete and that no information has been withheld. I understand that any misrepresentation of this may result in the cancellation of my admission or registration status and that falsifying documents or information on the application may result in immediate permanent dismissal from Kwantlen Polytechnic University. Completion of this signed application permits Kwantlen Polytechnic University to request and/or confirm any information necessary to support my application for admission.

If I am admitted to Kwantlen Polytechnic University, I agree to familiarize myself with and to abide by the most current policies of the University during my tenure as a student at the University. In signing this application for admission, I understand that this information, along with subsequent information placed in my student records will be used for the purposes of admission, registration, research, alumni and development, student association and other purposes consistent with the mandate of the institution. Kwantlen Polytechnic University reserves the right for the Registrar to share information with the Ministry of Advanced Education, Training and Technology, or other related government agencies and dual enrolment partners. Kwantlen Polytechnic University also reserves the right for the Registrar to share information with other post-secondary institutions in situations where an applicant has been found to have falsified documents or other information on their application for admission. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information on the admission form is being collected under the authority of the University Act.

I understand that students with mental or physical impairments, who may require program or practicum (preceptorship) accommodations, should contact the Program Director at 604.599.2053 to discuss required skills and competencies, and a Disability Advisor at 604.599.2148 to ensure appropriate accommodations can be arranged.

Signature: _____ Date: _____