



In association with
FOOT CANADA
TRAINING

STUDENT REGISTRATION

Advanced Nursing Foot Care 2026

Nursing Soles Inc.

Office: 1(825) 425-0595 (Line 1)

Email: nursingsoleslpn@gmail.com

STUDENT INFORMATION		
Name (as you would like to appear on certificate):		
Address:		
City:	Province:	Postal Code:
Mailing Address (if different from above):		
City:	Province:	Postal Code:
Phone:	Alternate Phone:	
Email:	Date of Birth (MM/DD/YYYY):	
Nursing License #:	Gender:	
☐ RN	☐ LPN	☐ RPN
☐ NP	Glove Size: ☐ Small ☐ Medium ☐ Large ☐ XLarge	
PROGRAM INFORMATION		
<i>Please select which course you are applying for:</i>		
☐	Online Foot Care Nurse Theory and Clinical Training Package (153 hours)	
☐	Foot Care Nurse Clinical (43 hours/5 days)	
Program Delivery: Online and On-Site		Language of Instruction: English
Credential Issued on Graduation: ☒ Certificate of Completion		
STUDENT DECLARATION		
I DECLARE THAT: - I have read, understood, and agreed to the terms and conditions of this enrolment contract. - I have received a signed copy of this contract. - I have met all program requirements: - I have read, understood, and agreed to the institution's following documents and a copy has been provided to me: - Admissions Requirements - Privacy Policy - Confidentiality Policy - The information provided is true and accurate and I am 19 years of age or older. This contract is legally binding when signed by the student and accepted by Nursing Soles Inc.		

x

Student Signature

Date

PROGRAM ADMISSION REQUIREMENTS

- Students must be a RN, RPN, or NP
- **A \$250 non-refundable registration fee (includes textbook and initial set of basic instruments) must accompany all student applications and is to be received via official SQUARE INVOICE.**
- Nursing Soles Inc. reserves the right to cancel programs due to unavailability of instructors, facilities, or insufficient enrolment.

PRIVACY POLICY

Under the Personal Information Protection Act, students are entitled to access their student file. The personal information collected will only be used for the purpose for which it was originally collected or for a use consistent with that purpose, unless the student consents otherwise.

CONFIDENTIALITY POLICY

- Confidentiality is the legal, ethical and professional duty of all One Step Foot Care Inc. students. All information generated within One Step Foot Care Inc.'s educational programs is private, for the purpose of providing patient, resident and client care, and for the continuation of the company, One Step Foot Care Inc. For such information to be deemed confidential it conforms in some way to the principles laid out in this definition of confidentiality:
 - *Containing information whose unauthorized disclosures could be prejudicial to the interests of Nursing Soles Inc., and/or its facilities or programs, and/or individuals in or associated with Nursing Soles Inc. – such information is protected under the Freedom of Information and Protection of Privacy Act and Section 51 of the Evidence Act.*
- Students agree that in the performance of responsibilities and duties as a student, all individual patient, resident, client, familial, personnel or in-camera organizational information to which I may have access or learn from is confidential.
- All program materials are for personal reference only. Students agree to not alter, copy, nor interfere with such information except upon authorization from Nursing Soles Inc., and in accordance with established policy.

NURSING SOLES INC. DECLARATION

Nursing Soles Inc. agrees to deliver the program according to the terms of this contract. Nursing Soles Inc. certifies that the student has met the admission requirements for the program of study.

Nursing Soles Inc. Representative

Position Title

X

Signature of Representative

Date