



CONFIRMATION OF HOURS

SECTION A (To be completed by applicant and forwarded to Nursing Employers over the past five years.)

Name: _____
Last name First name Middle name

Maiden name: _____ Former name(s): _____

Date of birth: ____/____/____ Registration #: _____
Day Month Year

I was employed at your agency as a Registered Nurse from ____/____/____ to ____/____/____.
Month / Year Month / Year

I hereby authorize you to release the information requested on this form to NANB.

_____ Date _____ Signature

SECTION B (To be completed by employer and returned directly to NANB.)

I do hereby certify that _____ practised as a Registered Nurse in this institution.
Name of Nurse

The following is an accurate account of actual worked hours per year for each of the past five years.

Jan 1 to Dec 31, ____ = ____ hours
Year

Jan 1 to Dec 31, ____ = ____ hours
Year

Jan 1 to Dec 31, ____ = ____ hours
Year

Jan 1 to Dec 31, ____ = ____ hours
Year

Jan 1 to Dec 31, ____ = ____ hours
Year

EMPLOYER INFORMATION

Printed name Signature Date

Position Title Agency/institution name

Address City Province / State Country

Telephone number E-mail

This form must be submitted directly to NANB.