



**165, rue Regent Street, Fredericton N.-B., Canada, E3B 7B4**  
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**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 year  
Jan 1, \_\_\_\_\_ to Dec 31, \_\_\_\_\_ = \_\_\_\_\_ hours  
year year  
Jan 1, \_\_\_\_\_ to Dec 31, \_\_\_\_\_ = \_\_\_\_\_ hours  
year year  
Jan 1, \_\_\_\_\_ to Dec 31, \_\_\_\_\_ = \_\_\_\_\_ hours  
year year  
Jan 1, \_\_\_\_\_ to Dec 31, \_\_\_\_\_ = \_\_\_\_\_ hours  
year 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.**