



# AFFIDAVIT

## CURRENCY OF PRACTICE

I, \_\_\_\_\_  
Print Full Legal Name - First Name, Middle Name, Last Name

of \_\_\_\_\_  
Print Full Address (including apartment, street name, city, province/state, country, zip/postal code)

### MAKE OATH AND SAY AS FOLLOWS:

1. I am an Internationally Educated Nurse (IEN) applicant to NANB/AIINB;
2. Attached as Exhibit 1 is a certified copy of my Passport.
3. Attached as Exhibit 2 is a certified copy of my birth certificate.

My date of birth is: \_\_\_\_\_

My full name at birth was: \_\_\_\_\_  
Print Birth Certificate Name – First Name, Middle Name, Last Name

My other or former name is: \_\_\_\_\_  
(Print any other names used)

4. Attached as Exhibit 3 is the NANB / AIINB Declaration Questions – Registration History.
5. In the past five (5) years, I

- Check one { ☐ have worked a minimum of 1125 hours as a registered nurse; or  
☐ have worked less than 1125 hours (number of hours \_\_\_\_\_) as a registered nurse; or  
☐ have not practiced.

6. The following is an accurate account of actual hours worked per year for each of the past five (5) years:

Jan 1 to Dec 31, 20\_\_\_\_ Hours \_\_\_\_\_  
Employer (name and address) \_\_\_\_\_  
\_\_\_\_\_

Jan 1 to Dec 31, 20\_\_\_\_ Hours \_\_\_\_\_  
Employer (name and address) \_\_\_\_\_  
\_\_\_\_\_

Jan 1 to Dec 31, 20\_\_\_\_ Hours \_\_\_\_\_  
Employer (name and address) \_\_\_\_\_  
\_\_\_\_\_



Jan 1 to Dec 31, 20\_\_\_\_ Hours \_\_\_\_\_

Employer (name and address) \_\_\_\_\_  
\_\_\_\_\_

Jan 1 to Dec 31, 20\_\_\_\_ Hours \_\_\_\_\_

Employer (name and address) \_\_\_\_\_  
\_\_\_\_\_

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**THE SECTION BELOW IS TO BE FILLED OUT BY A NOTARY PUBLIC**

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I make this Affidavit in support of my application as an IEN to NANB/AIINB and confirm that the information herein and documentation attached are true and complete.

SWORN TO BEFORE ME this \_\_\_\_ day of \_\_\_\_\_ )  
\_\_\_\_\_, 202\_\_ at \_\_\_\_\_ )  
(complete address of execution) )

\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
A NOTARY PUBLIC in and for: \_\_\_\_\_ ) Candidate's signature  
\_\_\_\_\_) )

\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
Print Name \_\_\_\_\_ ) Print Name (candidate) \_\_\_\_\_  
\_\_\_\_\_ )

**A Notary Public could also be a Commissioner of Oaths**