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FORM A (2)- VERIFICATION OF HOURS REFERENCE FORM

PART A: EMPLOYEE INFORMATION: Applicant to complete Part A and forward to employer and /or Human Resources for completion of Part B.

Name: _____ Previous Name(s): _____

Employer/Agency: _____ Unit: _____

Address: _____ Position Title: _____

I hereby give my present and /or previous employer consent to provide all information in their possession to the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) regarding my hours and competency in nursing practice for the sole purpose of assessing eligibility for licensure as a Registered Nurse and /or Nurse Practitioner with the RNANT/NU.

Signature: _____ Date: _____

PART B: VERIFICATION OF HOURS REFERENCE: Employer (e.g., Manager, Supervisor, and / or Human Resources Department) to complete Part B and return directly to the RNANT/NU.

1. Hours of Nursing Practice within the last 5 years:

Circle one:

Date: Year 2018 _____ to _____ # hours worked _____ RN or NP
Month Month

Date: Year 2017 _____ to _____ # hours worked _____ RN or NP
Month Month

Date: Year 2016 _____ to _____ # hours worked _____ RN or NP
Month Month

Date: Year 2015 _____ to _____ # hours worked _____ RN or NP
Month Month

Date: Year 2014 _____ to _____ # hours worked _____ RN or NP



- *Hours must be submitted separated by year and months in detailed format provided in this form. Hours that are not filled in correctly will not be accepted and may possibly cause a delay in the application process.*

Print Name in full

Signature

Title/Position/Designation

Employer/Agency

Phone Number

Date