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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 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  
Month Month

Date: Year 2013 \_\_\_\_\_ 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