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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 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 RNANT/NU.

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

**Circle one:**

Date: Year 2020 \_\_\_\_\_ to \_\_\_\_\_ # hours worked \_\_\_\_\_ RN or NP  
Month Month

Date: Year 2019 \_\_\_\_\_ to \_\_\_\_\_ # hours worked \_\_\_\_\_ RN or NP  
Month Month

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

➤ *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.*



I hereby certify the information provided in this reference is true and complete.

Referee's position/title:

RN

NP

Other: \_\_\_\_\_

\_\_\_\_\_  
Print Name in full

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position/Designation

\_\_\_\_\_  
Employer/Agency

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date