



Personal Information:

Name: Last Name First Name
Mailing Address: City: Province:
Postal Code: Email Address:
Cell #: Home #:

The CLPNM communicates primarily through email. Please ensure that your contact information is kept up to date.

Employment in Nursing:

Have you ever been employed in nursing in Canada? Yes No

- \* If YES, please fill out your personal information and authorization, and then send this form to your Canadian employer(s).
\* If you are/were employed with more than one employer in the last four years, please send a copy of this form to all Canadian employers.
\* If NO, please fill out your personal information and mail this form to the CLPNM.

Applicant Authorization:

I authorize the CLPNM to contact the employer below for the purpose of verifying my employment as a nurse.

I authorize Name of Employer to complete this form.

Applicant signature: Date:

Employer Instructions: \*Please attach a practical nursing job description AND fill out the "Employer Contact Information" section. This form and job description must be mailed directly to the CLPNM. Faxed/scanned documents will not be accepted.

Please include the following information:

Employee's position / area of practice:
Employee's Start Date: End Date:
Employee works(ed): Full-time Part-time Casual

Please list below the employee's hours worked per year:

Table with 2 columns: Year, Nursing Practice Hours. Rows for 2015, 2016, 2017, 2018, 2019.

Please state the reason(s) why the employee left the position; if they have not left the position please write "still employed";

Blank lines for stating reasons for leaving position.

Employer Contact Information:

Name: Position:
Facility: Email:
Mailing Address: Phone:
Signature: Date: