

Ontario Primary Health Care Nurse Practitioner Program**Verification of Employment Hours**

Section 1: TO BE COMPLETED BY THE APPLICANT AND SENT TO THE EMPLOYER. Copies of this form may be made and distributed to all employers in the last 5 years.

Surname: _____ Given name: _____ Dates of Employment: FROM: _____
(DD/MM/YY)
Maiden name (if applicable): _____ TO: _____

I, _____, am applying to the Ontario Primary Health Care Nurse Practitioner program. In order to process my application, the University to which I am applying is requesting your institution provide information with respect to my employment status. I hereby give my previous and/or present employer(s) consent to provide any and all information in its possession to the university to which I am applying regarding my type and length of employment.

Applicant signature: _____ Date: _____

Section 2: TO BE COMPLETED BY THE EMPLOYER. The completed form may be emailed by the employer directly to gradnurs@uwo.ca, or a printed copy may be returned to the applicant in a sealed envelope for delivery to the school.

Name of Employee: _____ Dates of Employment: FROM: _____
(DD/MM/YY)
Total **RN** hours worked: _____ TO: _____

Total **RN** hours worked in **last five years**:

Name of Employment Agency:

City: _____ Province: _____
Country: _____ Telephone Number: _____

Please check the following type(s) employment setting where this employee has practised with your organisation:

LONG-TERM CARE	ACUTE CARE	COMMUNITY CARE
Chronic Care	Medical/Surgical	Public Health
Rehabilitation	Mental Health	Visiting Nursing
Home for the Aged	Pediatric	Independent Clinic
Retirement Home	Maternal/Child	Community Clinic
Nursing Home	Other (specify)	Other (specify)
Other (specify)		

I hereby certify that the information given is true and complete.

Name (please print): _____ Title: _____
Signature: _____ Date: _____