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 to distribute to all employers in last 5 years.

Surname:_____ Given Name(s) _____ Dates of Employment: FROM: _____ DD/MM/YY

TO: _____ DD/MM/YY

Maiden Name (if applicable) _____

I, _____ am applying to the Ontario Primary Health Care Nurse Practitioner Program. In order to
PLEASE PRINT NAME
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: _____

ATTENTION APPLICANT: DO NOT COMPLETE SECTION 2

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 HOURS WORKED within the Last Five years:_____

TO: _____ DD/MM/YY

EMPLOYMENT AGENCY NAME: _____

_____

CITY _____ PROVINCE _____

COUNTRY _____ POSTAL CODE _____

TELEPHONE NUMBER ( ) _____ FAX NUMBER ( ) _____

PLEASE CHECK THE FOLLOWING TYPE OF EMPLOYMENT SETTING(S) WHERE THIS EMPLOYEE HAS PRACTISED AT YOUR FACILITY:

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, please specify _____		Other, please specify_____	
Other, please specify_____					

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

Name (please print):_____ Title: _____

Signature: _____ Date: _____