



Nurse Practitioner Program Verification of RN Employment Hours

Section I: To be completed by Applicant and sent to Employer(s). Provide this form to your employer(s) from the last 5 years and have them submit the form directly to grad.nursing@queensu.ca from their professional email address by **February 1**.

| | | | |
|--|--|----------------------------|--|
| Surname | | Dates of Employment | |
| Given Name(s) | | From | |
| Previous Surname (if applicable) | | To | |
| <p>I am applying to the Nurse Practitioner program at Queen's University. In order to process my application, Queen's University is requesting that your institution provide information with respect to my employment status. I hereby give by former and/or present employer(s) consent to provide information regarding my type and length of employment to Queen's University.</p> | | | |
| Applicant Signature | | Date | |

Section II: To be completed by Employer and returned to grad.nursing@queensu.ca.

| | | | |
|--|--|----------------------------|--|
| Agency Name | | | |
| Address | | | |
| Name of Employee (Applicant) | | Dates of Employment | |
| Total RN Hours Worked Within the Last 5 Years | | From | |
| | | To | |

Please check the following type of employment setting(s) where this employee has practiced as a **Registered Nurse** 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: | | Other: | |
| Other: | | | | | |

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

| | | | |
|------------------------------------|--|--------------|--|
| Name | | Title | |
| Email | | Phone | |
| Employer / HR Signature | | Date | |