



**NURSES ASSOCIATION OF NEW BRUNSWICK**

165 Regent Street, Fredericton, NB E3B 7B4 (506) 458-8731 E-mail : nanb@nanb.nb.ca  
www.nanb.nb.ca

**ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU NOUVEAU-BRUNSWICK**

165, rue Regent, Fredericton, NB E3B 7B4 (506) 458-8731 Courriel: nanb@nanb.nb.ca

**Nurse Practitioner Consultation and Referral Statement**

**Section A** To be completed by the applicant and forwarded to the employer or physician(s) with whom the arrangement for consultation, referral and transfer or any patient has been made.

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Given Name (please print)      Surname      Birth/Former Name(s)      Registration #

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Permanent Mailing Address

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Postal Code      Telephone Number      Fax Number      Email

**Section B** To be completed by employer or physician. Please complete and return directly to the Nurses Association of New Brunswick.

This is to confirm that the above named person in my employ has access to a medical practitioner for consultation, referral or transfer of any patients,

or

This is to confirm that the above named person has an arrangement with me for consultation, referral or transfer of any patient to me.

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Name

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Signature Employer / MD

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Address

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Telephone Number

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Date