

APPENDIX A
TRANSCRIPT INFORMATION

To be completed by the school of nursing and returned directly to the Nurses Association of New Brunswick, 165 Regent Street, Fredericton, NB, E3B 7B4, Canada.

RE: _____

In order to assess the nursing transcript of _____, would you please provide the following information:

A curriculum plan and course descriptions with the corresponding number of clinical and theoretical hours for nursing and other support courses in the sciences and humanities.

	*Clinical	**Theoretical	Total
Nursing - Surgical			
Nursing - Medical			
Nursing - Obstetrical			
Nursing - Paediatrics			
Nursing - Psychiatric			
Other -			
-			
-			
Total			

*Includes clinical laboratory

**Includes hours of class and planned clinical conferences.

I certify that the above is an accurate copy of the records of the applicant whose name appears on this form and that the applicant satisfactorily completed the course.

Date

Signature

Title

Name

School of Nursing

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