



CONFIRMATION OF HOURS

SECTION A (To be completed by applicant and forwarded to Nursing Employers over the past five years.)

Name: _____
 Last name First name Middle name

Maiden name: _____ **Former name(s):** _____

Date of birth ____/____/____
 Day Month Year

I was employed at your agency as a Registered Nurse from ____/____/____ **to** ____/____/____.
 Month / Year Month / Year

I hereby authorize you to release the information requested on this form to NANB.

_____ Date _____ Signature

SECTION B (To be completed by employer and returned directly to NANB.)

I do hereby certify that _____ **practiced as a Registered Nurse in this institution.**
 Name of Nurse

The following is an accurate account of actual worked hours per year for each of the past five years.

Jan 1, _____ to Dec31, _____ = _____ hours
 year year
 Jan 1, _____ to Dec31, _____ = _____ hours
 year year
 Jan 1, _____ to Dec31, _____ = _____ hours
 year year
 Jan 1, _____ to Dec31, _____ = _____ hours
 year year
 Jan 1, _____ to Dec31, _____ = _____ hours
 year year

EMPLOYER INFORMATION

 Printed name Signature Date

 Position Title Agency/institution name

 Address City Province / State Country

 Telephone number E-mail

This form must be submitted directly to NANB.