

165, rue Regent Street, Fredericton N.-B., Canada, E3B 7B4

Tel.: (506) 458-8731 Fax.: (506) 459-2838 Toll Free: 1800 442-4417

Email: nanbregistration@nanb.nb.ca

CONFIRMATION OF HOURS FORM

Las	t name	First name		Middle name
aiden name:		_Former name(s):		
ate of birth:	/ / / ay Month Ye	Registratio	n #:	
		egistered Nurse from_ rmation requested on t	// Month / Year his form to NANB.	Month / Year
	Date		Signati	ure
CTION B (To be	completed by employer and	I returned <u>directly</u> to NANB.)		
do hereby certif	y that	f Niuroo	actised as a Registere	d Nurse in this institutio
			s per year for each of t	
	Jan 1 to Dec 31, Yea	= r	hours	
	Jan 1 to Dec 31,	= r	hours	
	Jan 1 to Dec 31,		hours	
	Jan 1 to Dec 31,	=	hours	
	Jan 1 to Dec 31,	=	hours	
EMPLOYER I	NFORMATION			
Printed name		Signature	Date	
Position Title		Agency/institution na	ame	
Address	C	ity	Province / State	Country