



Evidence of Language Proficiency – Experience Form

How to complete this form:

Step 1: The applicant should complete section 1 and send the form directly to the employer/organization.

Step 2: The employer/organization should complete section 2.

Step 3: The employer/organization should complete required information and prepare a separate letter of reference following the instructions in section 3.

Step 4: The employer or organization should submit the form and any documents by email to ienapplications@nanb.nb.ca.

1. APPLICANT'S INFORMATION

First Name

Last Name

Date of Birth (yyyy-mm-dd)

As part of my application for registration with NANB, NANB is requesting that your organization provides information about my employment experience that proves that I am proficient in the English or French language. I hereby give you (my previous and/or present employer) consent to provide any and all information in your possession to NANB regarding my language proficiency and experience. This shall constitute your legal authority to provide the information and any other information which NANB shall request which may, in any way be relevant to my application.

Applicant's Signature

Date (yyyy-mm-dd)

Nurses Association of New Brunswick
L'Association des infirmières et infirmiers du Nouveau-Brunswick

165, RUE REGENT STREET, FREDERICTON N.-B., CANADA E3B 7B4
TEL. | TÉL. : (506) 458-8731 FAX. | TÉLÉC. : (506) 459-2838 TOLL FREE | SANS FRAIS : 1 800 442-4417
EMAIL: NANB@NANB.NB.CA COURRIEL : AIINB@AIINB.NB.CA

2. EMPLOYER/ORGANIZATION INFORMATION

Name of employer/organization

Telephone number (include country code)

Address

City

Province/State

Country

3. EVIDENCE INFORMATION

Provide evidence of employment experience where English or French was the primary language used in listening, reading, writing and speaking. The evidence must be current or have been completed within the last two years.

Applicant's position title

Total number of hours worked

Start date (yyyy-mm-dd)

End date or last shift worked (yyyy-mm-dd)

The focus of the employment work was (Nursing or Non-Nursing): _____

Nature of applicant's experience with the organization (Employment): _____

Please attach the following:

1. Applicant's job description, including role and responsibilities.
2. Letter of reference from a direct manager or supervisor who can provide an evaluation of, and examples of how the applicant uses/used their language abilities in listening, reading, writing and speaking, in either English or French.

I confirm that the evidence attached to this form is accurate and relates to the applicant's experience within the past two years.

Name and Title (please print)

Telephone number (include country code)

Signature and date (yyyy-mm-dd)

Email address