



# Evidence of Language Proficiency – Summary of Evidence Form

How to complete this form:

Step 1: Fill out your personal information in section 1.

Step 2: Use section 2 of the form to provide a list of all the sources that will mail the evidence of your language proficiency directly to NANB. If this form does not have enough space for you to list all the sources that will send evidence, you can print a second copy of this form and continue listing the sources.

Step 3: Once you have completed this summary form, attach it to the “Evidence of Language Proficiency – Applicant Form”, and send them to NANB by mail, or fax using the information provided on this form, or via email, to [ienapplications@nanb.nb.ca](mailto:ienapplications@nanb.nb.ca) and include “Evidence of Language Proficiency – Applicant and Summary of Evidence Forms” in the subject line of your email.

## 1. APPLICANT’S INFORMATION

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth (yyyy-mm-dd)

## 2. SOURCES OF EVIDENCE OF LANGUAGE PROFICIENCY

How many sources of evidence are you listing on this form? (Provide number): \_\_\_\_\_

Note: Sources include educational institutions, employers and other referral sources. The education, employment or other experience must have occurred within the last two years, or be ongoing. The primary language used for communicating orally or in writing by the school/organization/other must be in English or French.

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

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EMAIL: NANB@NANB.NB.CA COURRIEL : AIIINB@AIIINB.NB.CA

<b>Name of school/organization:</b>	
<b>Name of contact:</b>	
<b>First name:</b>	<b>Last name:</b>
<b>Check one:</b>	
<b>Education</b> <input type="checkbox"/>	<b>Employment</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>
<b>The focus of the education/employment experience was (Nursing or Non-Nursing):</b> _____	

<b>Name of school/organization:</b>	
<b>Name of contact:</b>	
<b>First name:</b>	<b>Last name:</b>
<b>Check one:</b>	
<b>Education</b> <input type="checkbox"/>	<b>Employment</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>
<b>The focus of the education/employment experience was (Nursing or Non-Nursing):</b> _____	

<b>Name of school/organization:</b>	
<b>Name of contact:</b>	
<b>First name:</b>	<b>Last name:</b>
<b>Check one:</b>	
<b>Education</b> <input type="checkbox"/>	<b>Employment</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>
<b>The focus of the education/employment experience was (Nursing or Non-Nursing):</b> _____	

<b>Name of school/organization:</b>	
<b>Name of contact:</b>	
<b>First name:</b>	<b>Last name:</b>
<b>Check one:</b>	
<b>Education</b> <input type="checkbox"/>	<b>Employment</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>
<b>The focus of the education/employment experience was (Nursing or Non-Nursing):</b> _____	