

A F F I D A V I T CURRENCY OF PRACTICE

l,				
		Print Full Legal Name - First Name, Middle Name, Last Name		
of	Print Full Address (including apartment, street name, city, province/state, country, zip/postal code)			
MAKE	OATH AND SAY AS FOLLOWS:			
1.	I am an Internationally Educated Nurse (IEN) applicant to NANB/AIINB;			
2.	Attached as Exhibit 1 is a certified copy of my Passport.			
3.	 Attached as Exhibit 2 is a certified copy of my birth certificate. My date of birth is: 			
	My full name at birth was:			
	Print Birth Certificate Name – First Name. Middle Name. Last Name			
	My other or former name is	(Print any other names used)		
4.	Attached as Exhibit 3 is the NANB / AIINB Declaration Questions – Registration History.			
5.	In the past five (5) years, I			
Check one 6.	have worked a minimum of 1125 hours as a registered nurse; or			
	☐ have worked less than 1125 hours (number of hours) as a registered nurse; or			
	have not practiced.			
	The following is an accurate account of actual hours worked per year for each of the past five (5) years:			
	Jan 1 to Dec 31, 20	Hours		
		Employer (print name and address)		
	Jan 1 to Dec 31, 20	Hours		
	Jan 1 to Dec 31, 20	· · · · · · · · · · · · · · · · · · ·		
		Employer (print name and address)		
	Jan 1 to Dec 31, 20	Hours		
		Employer (print name and address)		





Jan 1 to Dec 31, 20	Hours	<u></u>
	Employer (print name and	address)
Jan 1 to Dec 31, 20	Hours	
	Employer (print name and	address)
information herein and do SWORN TO BEFORE ME this, 2024 at _	ocumentation attached ar _ day of 	an IEN to NANB/AIINB and confirm that the e true and complete.
(complete address of execution))))
A NOTARY PUBLIC in and for:		Signature)))
Print Name		Print Name