



[www.nanb.nb.ca](http://www.nanb.nb.ca)

[www.aiinb.nb.ca](http://www.aiinb.nb.ca)

## Evidence of Language Proficiency Form

Step 1: The candidate completes **section 1: Candidate Details** and sends the form to the employer.

Step 2: The employer completes **section 2: Employer Details** and returns the form with a copy of the candidate's job description, and letter of recommendation directly to [ienapplications@nanb.nb.ca](mailto:ienapplications@nanb.nb.ca)

*To be completed by the candidate.*

### Section 1: CANDIDATE DETAILS

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

\_\_\_\_\_  
Middle Name

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

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

*As part of my application for registration as a Registered Nurse, NANB is requesting information about my work experience demonstrating my proficiency in English or French language. I hereby authorize you to provide NANB with any information you may have about my language skills and experience. This consent constitutes legal authority to provide the information and any other information that NANB requests relevant to my application.*

\_\_\_\_\_  
Candidate Signature

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

*To be completed by the employer.*

### Section 2: EMPLOYER DETAILS

\_\_\_\_\_  
Agency/Institution

\_\_\_\_\_  
Telephone number (include country code)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Country (incl AreaCode/Postal Code if applicable)

**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

## EVIDENCE OF LANGUAGE PROFICIENCY

NANB requires evidence of **nursing** employment experience where English or French was the main language used for listening, reading, writing, and speaking. The evidence must have been within the last two years.

\_\_\_\_\_  
Candidate Name

\_\_\_\_\_  
Candidate position title

\_\_\_\_\_  
Total number of hours worked in position.

\_\_\_\_\_  
Start date (yyyy-mm-dd)

\_\_\_\_\_  
End date (yyyy-mm-dd)

Please attach the following:

1. The candidate's job description, including role and responsibilities.
2. Letter of recommendation from a direct manager/supervisor. The letter **must include** information on in what capacity you know the candidate, the position they held, examples of how the candidate used their listening, reading, writing, and speaking, in English or French, in the nursing employment, and your evaluation of their use of listening, reading, writing, and speaking.

I confirm that the evidence provided is accurate and relates to the candidate's experience within the last two years.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email address

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