



CONFIRMATION OF HOURS: NURSE PRACTITIONER

SECTION A *To be completed by applicant and forwarded to nursing employers over the past three years.*

Name: _____
Last name First name Middle name

Maiden name: _____ Former name(s): _____

Date of birth: _____ / _____ / _____ Registration #: _____
Day Month Year

I was employed at your agency as a Nurse Practitioner from _____ / _____ to _____ / _____.
Month / Year Month / Year

I hereby authorize you to release the information requested on this form to NANB.

_____ Date _____ Signature

SECTION B *To be completed by employer and returned directly to NANB at nanbregistration@nanb.nb.ca.*

I do hereby certify that _____ practised as a Nurse Practitioner in this agency.
Name of Nurse

The following is an accurate account of actual worked hours as a Nurse Practitioner per year for each of the past three years.

Jan 1, _____ to Dec 31, _____ = _____ hours
Year Year

Jan 1, _____ to Dec 31, _____ = _____ hours
Year Year

Jan 1, _____ to Dec 31, _____ = _____ hours
Year Year

EMPLOYER INFORMATION

Printed name Signature Date

Position Title Agency name

Address City Province / State Country

Telephone number E-mail

This form must be submitted directly to NANB.