

(Please type of print and return with Application for Admission)

Verification of Employment Hours
Faculty of Graduate Studies Master of Science in Nursing NP Field

Photocopies of this sheet may be made to distribute to all employers of the last five years.

Section 1: TO BE COMPLETED BY THE APPLICANT AND SENT TO THE EMPLOYER. PLEASE PRINT.

Surname: _____ Given Name(s): _____

Maiden Name (if applicable): _____

Dates of Employment: From _____ To _____
DD/MM/YY DD/MM/YY

I am applying to the Master of Nursing Program - Ontario Primary Health Care Nurse Practitioner.

In order to process my application, the university to which I am applying is requesting your institution to provide information with respect to my employment status. I hereby give my previous and/or present employer(s) consent to provide any and all information to their possession to the university to which I am applying regarding my type and length of employment.

Applicant Signature: _____ Date: _____

ATTENTION APPLICANT: DO NOT COMPLETE SECTION 2

Section 2: TO BE COMPLETED BY THE EMPLOYER AND RETURNED TO THE CANDIDATE IN A SEALED ENVELOPE.

Please sign a sealed envelope to ensure confidentiality. Information obtained may be shared with the applicant separately if desired.

Name of Employee: _____

Total hours worked within the last five years: _____

Dates of Employment: From _____ To _____
DD/MM/YY DD/MM/YY

Employment Agency Name: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Telephone: _____ Fax: _____

Please check the following type of employment setting(s) where this employee has practised at your facility:

Long-term Care:

- Chronic Care
- Rehabilitation
- Home for the Aged
- Retirement Home
- Nursing Home
- Other, please specify _____

Acute Care:

- Medical/Surgical
- Mental Health
- Pediatric
- Maternal/Child
- Other, please specify _____

Community Care:

- Health
- Nursing
- Independent Clinic
- Community Clinic
- Other, please specify _____

I hereby certify that the information given is true and complete.

Name (please print): _____ Title: _____

Signature: _____ Date: _____