



## CONFIRMATION OF HOURS: REGISTERED NURSE

### **SECTION A** *To be completed by applicant and forwarded to nursing employers over the past five 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 Registered Nurse from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_.  
Month / Year Month / Year

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

\_\_\_\_\_  
Date Signature

### **SECTION B** *To be completed by employer and returned directly to CNNB at [reg-imm@cnnb-opinb.ca](mailto:reg-imm@cnnb-opinb.ca)*

I do hereby certify that \_\_\_\_\_ practised as a Registered Nurse in this institution.  
Name of Nurse

The following is an accurate account of actual worked hours per year for each of the past five 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  
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/institution name

\_\_\_\_\_  
Address City Province / State Country

\_\_\_\_\_  
Telephone number E-mail

**This form must be submitted directly to the College of Nursing of New Brunswick**