



AFFIDAVIT

CURRENCY OF PRACTICE

I, _____
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 CNNB/OPINB
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 CNNB/OPINB Declaration Questions – Registration History.
5. In the past five (5) years, I

Check
one

- ☐ 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.

6. 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 _____
Employer (print name and address) _____

Jan 1 to Dec 31, 20____ Hours _____
Employer (print name and address) _____

Hours _____

Employer (print name and address)_____

Hours _____

Employer (print name and address) _____

7. I make this Affidavit in support of my application as an IEN to CNNB/OPINB and confirm that the information herein and documentation attached are true and complete.

SWORN TO BEFORE ME this _____ day of _____, 20__ at _____
(complete address of execution)

A NOTARY PUBLIC in and for: _____

Print Name _____)

[illegible]

Signature _____

Print Name _____