

**Ontario Primary Health Care Nurse Practitioner Program****Verification of Employment Hours**

**Section 1: TO BE COMPLETED BY THE APPLICANT AND SENT TO THE EMPLOYER.** Copies of this form may be made and distributed to all employers in the last 5 years.

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ Dates of Employment: FROM: \_\_\_\_\_  
(DD/MM/YY)  
Maiden name (if applicable): \_\_\_\_\_ TO: \_\_\_\_\_

I, \_\_\_\_\_, am applying to the Ontario Primary Health Care Nurse Practitioner program. In order to process my application, the University to which I am applying is requesting your institution 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 in its possession to the university to which I am applying regarding my type and length of employment.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: TO BE COMPLETED BY THE EMPLOYER.** The completed form may be emailed by the employer directly to [gradnurs@uwo.ca](mailto:gradnurs@uwo.ca), or a printed copy may be returned to the applicant in a sealed envelope for delivery to the school.

Name of Employee: \_\_\_\_\_ Dates of Employment: FROM: \_\_\_\_\_  
(DD/MM/YY)  
Total RN hours worked: \_\_\_\_\_ TO: \_\_\_\_\_

Total RN hours worked in **last five years**:

Name of Employment Agency:

City: \_\_\_\_\_ Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please check the following type(s) employment setting where this employee has practised with your organisation:

LONG-TERM CARE	ACUTE CARE	COMMUNITY CARE
Chronic Care	Medical/Surgical	Public Health
Rehabilitation	Mental Health	Visiting Nursing
Home for the Aged	Pediatric	Independent Clinic
Retirement Home	Maternal/Child	Community Clinic
Nursing Home	Other (specify)	Other (specify)
Other (specify)		

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

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

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