**Ontario Primary Health Care Nurse Practitioner Program**

**Verification of Employment Hours**

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

Photocopies of this sheet may be made to distribute to all employers in last 5 years.

 Dates of Employment:

Surname :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FROM:

 DD/MM/YY

 TO:

Maiden Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD/MM/YY

I, , am applying to the Ontario Primary Health Care Nurse Practitioner Program.

PLEASE PRINT NAME

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:

DD/MM/YY

**ATTENTION APPLICANT: DO NOT COMPLETE SECTION 2**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: TO BE COMPETED BY THE EMPLOYER AND RETURNED TO THE CANDIDATE.**

Dates of Employment

NAME OF EMPLOYEE: FROM:

 DD/MM/YY

**TOTAL HOURS WORKED within the Last Five years**:

TO: DD/MM/YY

EMPLOYMENT AGENCY NAME:

CITY PROVINCE

COUNTRY POSTAL CODE

TELEPHONE NUMBER ( ) FAX NUMBER ( )

PLEASE CHECK THE FOLLOWING TYPE OF EMPLOYMENT SETTING(S) WHERE THIS EMPLOYEE HAS PRACTISED AT YOUR FACILITY:

 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, please specify Other, please specify

 Other, please specify

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

Name (please print): Title:

Signature: Date:

 DD/MM/YY