

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.

Surname: _____ Given Name(s) _____ Dates of Employment:
 FROM: _____
 DD/MM/YY

Maiden Name (if applicable) _____ TO: _____
 DD/MM/YY

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

PLEASE PRINT NAME

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: _____

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: _____ Dates of Employment
 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) your organization is best described as:

- Acute care hospital, addiction and mental health centre/psychiatric hospital, complex continuing care/rehabilitation hospital, other hospital
- Long-term care facility, nursing home, home for the aged, retirement home
- Community Care Access Centre, community health centre, community mental health program, hospice, nursing/staffing agency, physician's office, public health unit/department, school, group home, street health agency
- Independent practice; health care consultant agency; seasonal camp; occupational health services; industry; insurance, pharmaceutical or medical supply company
- Health care education, nursing education program or research organization

Governmental health agency, social services agency or nursing organization (labour, professional support, regulatory)

DOMAIN(S) of NURSING PRACTICE the applicant was engaged in at your organization:

- Clinical
- Education
- Research
- Administration
- Leadership

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

Name (please print): _____

Title: _____

Signature: _____

Date: _____