

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

Your employee is applying to the Ontario Primary Health Care Nurse Practitioner Program.

In order process the application, the University is requesting your institution provide information with respect to the applicants employment status. By entering your agency into the system, the applicant has given their consent to you, the employer, to upload previous and/or present employment information in its possession to the university regarding type and length of employment.

### TO BE COMPETED BY THE EMPLOYER.

#### PLEASE NOTE THE STUDENTS SHOULD NOT BE GIVEN THIS FORM.

Applicants must submit their form(s) to all employers throughout their nursing career. Employers will complete and send the forms to the University of Windsor, Office of the Registrar-Graduate Division, at [gradadmit@uwindsor.ca](mailto:gradadmit@uwindsor.ca). Applicants are **not** to submit the forms.

NAME OF EMPLOYEE: \_\_\_\_\_

Dates of Employment  
FROM: \_\_\_\_\_  
DD/MM/YY

TOTAL HOURS WORKED while employed \_\_\_\_\_

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

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

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

Title: \_\_\_\_\_

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

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