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FORM A (2)- EVIDENCE OF PRACTICE HOURS

→ For *initial and reinstatement registration*: Evidence of practice hours are required from each employer within the last 5 years.

PART A: APPLICANT INFORMATION:

Applicant to complete Part A and forward to the employer for completion of Part B.

If information in Part A is not completed fully by the applicant, the form will not be accepted.

Name: _____ Previous Name(s): _____

Name of Employer Institution providing the reference: _____

I hereby give my present and /or previous employer consent to provide all information in their possession to the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) regarding my hours and competency in nursing practice for the sole purpose of assessing eligibility for registration as a Registered Nurse and /or Nurse Practitioner with RNANT/NU.

Signature: _____ Date: _____

Digital or written signatures only



PART B: EMPLOYER REFERENCE

Employer (e.g., Manager, Supervisor, and/or Human Resources Department) to complete Part B and return the form directly to RNANT/NU (info@rnantnu.ca).

1. Hours of *Nursing Practice* within the last 5 years:

Circle One:

Date: Year	2022	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: Year	2021	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: Year	2020	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: Year	2019	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: Year	2018	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			

→ *Hours must be submitted separated by year and months in detailed format provided in this form. Hours that are not filled in correctly will not be accepted and may possibly cause a delay in the application process.*

2. Additional comments:



I hereby certify the information provided in this reference is true and complete.

Referee's position/title:

RN

NP

Other: _____

Print Name in Full

Signature

Title/Position/Designation

Employer/Agency

Phone Number

Date

**** If Employer/Agency is unable to provide a reference due to policy, please attach a letter or the policy to this form. Please email to info@rnanntnu.ca ****