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

TO: _____ DD/MM/YY

Maiden Name (if applicable) _____

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 COMPETED 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: _____