

Student Information (to be completed by student):

Applicant: Please complete top portion only and forward this form to your employer(s) where you have practiced for the past five years.

Last name	First name	Student Number	
Mailing Address			
City	Prov	Postal Code	Date of Birth
Home Telephone	Bus. Telephone	Ext.	Cell
RN Registration No.	Email		

I have read, understand and agree to the following:

- Submission of this form is required within 30 days of applying to the Nurse Prescriber - Advanced Certificate Program at RRC.
- I confirm that the information provided on this form is true, complete and accurate.
- RRC may contact my employer to verify the information presented herein.

Signature

Date**Employer Information** (to be completed by employer):

Employer: The individual named above has applied to the Nurse Prescriber - Advanced Certificate Program at Red River College. As part of the admissions process, s/he is required to submit proof of hours worked as a Registered Nurse in the past *five years*. Do not include graduate nurse hours, vacation, sick time or leaves of absence. Please complete this form and email or fax directly to Red River College - School of Continuing Education.

Place of Employment		
Nurses' Position/Responsibility	RN Practice hours in last five years	
Mailing Address		
City	Prov	Postal Code
Bus. Telephone	Fax No.	
Email		

Name

Position/Title

Signature

Date

Please complete this form and send directly to Red River College - School of Continuing Education. Please complete all required fields prior to sending this form to the School of Continuing Education. **Only completed forms will be accepted.**

School of Continuing Education

E113-2055 Notre Dame Ave, Winnipeg, MB R3H 0J9

Tel: 204.694.1789 Fax: 204.633.6489

Toll-Free: 1.866.242.7073

Web Site: rrc.ca/coned

Email: cde@rrc.ca