

# Verification of Clinical Practice Hours

## Nurse Prescriber - Advanced Certificate

### 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.**