

Employer Verification

*Sections 1-3 to be completed by the applicant. Section 4 & 5
To be completed by the Employer and sent directly to CLPNPEI*

SECTION 1 – Personal Information:

Full Legal Name (first, middle, last name): _____

Previous Legal Last Name(s): _____

Mailing Address: _____

Email Address _____

Home Phone: _____ Cell Phone: _____

SECTION 2 – Employment in Nursing:

Have you ever been employed in nursing in Canada? YES NO

*If you responded **YES**, please fill out your personal information and authorization, and then send this form to your Canadian employer.

(NOTE: if you are/were employed with more than one employer in the last five (5) years, please send a copy of this form to all Canadian employers.)

*If you responded **NO**, please fill out your personal information and mail this form to the PEILPNRB.

SECTION 3 – Applicant Authorization:

I authorize _____ to complete this form.
Name of Employer

Applicant signature: _____ Date: _____

SECTION 4 –Employer Instructions:

Please complete the following information:

- Employee's position / area of practice: _____
- Employee's start date: _____

- Employee's end date: _____
- If the employee worked: full time part time casual
- How many practice hours as a LPN the employee worked per year in the last five years:

Year	Hours
2017	_____
2016	_____
2015	_____
2014	_____
2013	_____

*Please attach a practical nursing job description AND please fill out the "Employer Contact Information" below.

NOTE: The Employer Verification and job description must be mailed directly to the CLPNPEI.

SECTION 5 – Employer Contact Information:

Name: _____

Position: _____

Facility: _____

Full Mailing Address: _____

Email Address _____

Phone: _____

Please include the reason why the employee left this position: _____

Signature: _____

Date: _____