

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): _____

Email Address _____

Home Phone: _____ Cell Phone: _____

SECTION 2 – Employment in Nursing:

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

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

*If you responded **YES** to either question, please fill out your personal information and authorization, and then send this form to your employer (s). (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 employers.)

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

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:

- Name of Employer: _____
- Name of the building or facility where employed: _____
- Employee's position: _____
- Employee's start date: _____

- **Employee's end date if applicable:** _____
- **If the employee worked:** full time part time casual
- **What is the primary area of practice for this employee (ie. geriatrics, mental health, palliative, etc.)**

Please indicate the number of hours worked as a Licensed Practical Nurse/
Registered Nurse.
Do not include vacation time, sick time, or any other time that may have been
paid, but not time worked.

Current Year 20_____

20_____

20_____

20_____

20_____

*Please attach a 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 or emailed to INFO@CLPNPEI.ca.

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: _____