

55 Military Road | St. John's | NL | Canada | A1C 2C5 | crnml.ca

STATEMENT FROM CURRENT/MOST RECENT EMPLOYER FOR INITIAL REGISTRATION AND LICENSURE

The applicant will complete Section A and forward form to the Director of Nursing OR Director of Human Resources at your current/most recent place of employment requesting completion. References include all employers within the past five years starting with the most recent employer. (Please make additional copies as required).

SECTION A

Surname _____ Birth/Former Name(s) _____ Given Names _____

Dates of Employment _____ to _____ Employer #(if applicable) _____
Month/day/year Month/day/year

Telephone# _____ Email Address _____

I hereby give consent for release of information as requested by CRNNL:

_____ Date _____ Signature of Applicant _____

SECTION B EMPLOYER

The above named applicant is applying for registration and licensure with the College of Registered Nurses of Newfoundland & Labrador (CRNNL). Please complete the following statements in relation to the applicant's employment as a Registered Nurse. Please return the completed form directly to CRNNL at the address noted above. **Document must contain official seal or stamp of the organization.**

Employer Name _____

Employer Address _____

Dates of Employment (start & end date) _____

Number of hours practiced nursing during the applicable following periods: (April 1 - March 31)

Apr 16 - Mar 17	Apr 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr 20 - Mar 21	Apr 21 - Mar 22

Classification/Status/Position: _____

Performance: Above Average _____ Satisfactory _____ Unsatisfactory _____

COMMENTS _____

Would you rehire? Yes _____ No _____

If NO, state reason: _____

Reason for leaving: _____

Do you recommend for employment? Yes _____ No _____ Do you recommend for licensure? Yes _____ No _____

SEAL Signature _____ Date _____

Position _____