

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

**STATEMENT OF PRACTICE HOURS - CURRENT/RECENT EMPLOYMENT**

Applicant must complete Section A and forward form to Human Resources or Manager/Supervisor at their current/most recent place of employment requesting completion. Statement of hours is required for **all employers within the past 24 months** starting with the most recent employer(s).

**NOTE:** Applicant may be required to obtain statement of practice hours for employers beyond the past 24 months to ensure they meet currency of practice requirement under the RN Regulations (1125 hours in last 5 years OR 450 hours in last 2 years).

**SECTION A - APPLICANT**

Surname \_\_\_\_\_ Birth/Former Name(s) \_\_\_\_\_ Given Names \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Employee # (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). Complete the following statement of practice hours as a Registered Nurse or Nurse Practitioner. Return the completed form directly to CRNNL at the address noted above or send to [registration@crn.nl.ca](mailto:registration@crn.nl.ca).

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employment Start Date: \_\_\_\_\_ Employment End Date: \_\_\_\_\_

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

Apr 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr 20 - Mar 21	Apr 21 - Mar 22	Apr 22 - Mar 23

Category of Employment:    Registered Nurse    Nurse Practitioner   Other (Specify) \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

