THE UNIVERSITY OF BRITISH COLUMBIA
School of Nursing

Verification of RN Employment Hours

Section 1: TO BE COMPLETED BY THE APPLICANT AND SENT TO THE EMPLOYER. Copies of this form may be made to distribute to all employers in last 5 years.

Surname:_____ Given Name(s) _____ Dates of Employment: FROM: _____ DD/MM/YY

TO: _____ DD/MM/YY

Maiden Name (if applicable) _____

I, _____ am applying to the UBC Master of Nursing – Nurse Practitioner Program. In order to
PLEASE PRINT NAME
process my application, UBC is requesting your institution provide information with respect to my employment status and history. I hereby give my previous and/or present employer(s) consent to provide any and all information in its possession to the university regarding my type and length of employment.

Applicant Signature: _____ Date: _____

ATTENTION APPLICANT: DO NOT COMPLETE SECTION 2

Section 2: TO BE COMPLETED BY THE EMPLOYER by **December 15, 2026.**
The completed form may be emailed by the employer directly to grad.programs@nursing.ubc.ca or a printed copy may be returned to the applicant in a sealed envelope for delivery to the school or mailed to the following address:

Attn: Emily Chan
5280A-5955 University Blvd
Vancouver, BC
V6T 1Z1

NAME OF EMPLOYEE: _____ Dates of Employment FROM: _____ DD/MM/YY

TOTAL RN HOURS WORKED within the Last Five years:_____

TO: _____ DD/MM/YY

EMPLOYMENT AGENCY NAME: _____

_____

CITY _____ PROVINCE _____

COUNTRY _____ POSTAL CODE _____

TELEPHONE NUMBER ( ) _____ FAX NUMBER ( ) _____

PLEASE LIST THE TYPE OF EMPLOYMENT SETTING(S) WHERE THIS EMPLOYEE HAS PRACTISED AT YOUR FACILITY:

_____

_____

_____

I hereby certify that the information given is true and complete.

Name (please print):_____ Title: _____

Signature: _____ Date: _____