

### Student Information (to be completed by student):

**Applicant: Please complete top portion only and forward this form to your employer(s) where you have practiced for the past seven years.**

Last name	First name	Student Number	
Mailing Address			
City	Prov	Postal Code	Date of Birth
Home Telephone	Bus. Telephone	Ext.	Cell
RN Registration No.	Email		

I have read, understand and agree to the following:

- Submission of this form is required within 30 days of applying to the Nurse Re-Entry Program at RRC Polytech.
- I confirm that the information provided on this form is true, complete and accurate.
- RRC may contact my employer to verify the information presented herein.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Employer Information (to be completed by employer):

Employer: The individual named above has applied to the Nurse Re-Entry Program at Red River College Polytech. As part of the admissions process, s/he is required to submit proof of hours worked as a Registered Nurse in the past *seven years*. Do not include graduate nurse hours, vacation, sick time or leaves of absence.

Place of Employment			
Nurses' Position/Responsibility		RN hours in last seven years	
Mailing Address			
City	Prov	Postal Code	
Bus. Telephone	Fax No.		
Email			

\_\_\_\_\_

Name

\_\_\_\_\_

Position/Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date