

Student Information		To be completed by student	
Applicant: Please complete top portion only and forward this form to the employer(s) where you have practiced for the past seven years.			
Last name:		First name:	
Student number:		RN registration number:	
Mailing address:			
City:		Province:	
Postal code:		Date of birth:	
Home phone:		Business phone (incl. extension):	
Mobile phone:		Email:	
I have read, understand and agree to the following:			
<ul style="list-style-type: none"> <li>• Submission of this form is required within 15 days of applying to the Nurse Re-Entry Program at RRC Polytech.</li> <li>• I confirm that the information provided on this form is true, complete and accurate.</li> <li>• RRC Polytech may contact my employer to verify the information presented herein.</li> </ul>			
Signature:		Date:	

Employer Information		To be completed by employer	
Employer: The individual named above has applied to the Nurse Re-Entry Program at RRC Polytech. As part of the admissions process, they are 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:			
Nurse's position/responsibility:		RN hours in last seven years:	
Mailing address:		City:	
Province:		Postal code:	
Business phone:		Fax number:	
Email:			
Name:		Position/title:	
Signature:		Date:	

## RRC Polytech - Student Service Centre

### Notre Dame Campus

D101-2055 Notre Dame Ave., Winnipeg, MB R3H 0J9  
P: 204.632.2327 | F: 204.697.0584

### Exchange District Campus

P104-160 Princess St., Winnipeg, MB R3B 1K9  
P: 204.632.2327 | F: 204.949.9105

### Regional Campuses

For Regional Campus contact info,  
please visit [rrc.ca/campuses](http://rrc.ca/campuses)

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