

Practice Hours Licensure Audit



SALPN Member Information (to be completed by LPN)

Name _____
First Last Middle Maiden Name

Registration Number _____ Email: _____

Address _____
Street City Province Postal Code

Birthdate _____ Employer _____

Applicant Signature Date

Verification of Hours Worked in 2016 (to be completed by the Employer, Manager or Payroll/Human Resource Department)

Actual LPN hours worked _____

Overtime LPN hours worked _____

Employer, Manager, Payroll Officer, Human Resource Department Signature Printed Name

Position Title Organization Date

It is the responsibility of the LPN to forward this document to:

Saskatchewan Association of Licensed Practical Nurses
Attention Noelle Odegard, SALPN Associate Registrar
700A - 4400 4th Avenue • Regina, SK • S4T 0H8
Phone - 306.525.8026
Fax - 306.347.7784