

# 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 2017 (to be completed by the Employer, Manager or Payroll/Human Resource Department and returned directly to LPN)

Actual LPN hours worked \_\_\_\_\_

Overtime LPN hours worked \_\_\_\_\_

\_\_\_\_\_  
*Employer, Manager, Payroll Officer, Human Resource Department Signature Printed Name*

\_\_\_\_\_  
*Position Title Organization Date*

Once complete, it is the responsibility of the LPN to upload this document to their SALPN Client Portal, by logging in using the following link; <https://salpnv6.alinityapp.com/Client>. Please ensure all documentation is uploaded to your SALPN Member Profile no later than **Friday, March 16, 2018**.