



Employer Verification Form

Part A

To be completed by the applicant and sent to the current or most recent employer in which you were employed as a licensed or registered nurse.

Name: _____ Address: _____

Maiden Name: _____ City: _____

Birth Date: _____ Province/State: _____

Name of Employer: _____ Postal Code/Zip Code: _____

CONSENT FOR INFORMATION TO BE RELEASED TO THE SALPN

I hereby give consent to my past or present employer for release of information concerning my competency to practice nursing to the Saskatchewan Association of Licensed Practical Nurses (SALPN), solely for the purpose of assessment of my application for nurse registration in Saskatchewan.

Signature: _____

Date: _____

Part B

To be completed by the employer and returned directly to the Saskatchewan Association of Licensed Practical Nurses. Along with the completed form, please attach the following:

- **Job description including a list of duties**

Start date of employment: _____

End date of employment: _____

Number of hours worked in the previous five years:

20____:_____

20____:_____

20____:_____

20____:_____

20____:_____

Name of supervisor (please print): _____

Signature of supervisor: _____

Date: _____