

# Employer Verification Form

Saskatchewan Association of  
Licensed Practical Nurses



## Part A

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

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ 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: \_\_\_\_\_