PEICNM

PRINCE EDWARD ISLAND COLLEGE OF NURSING AND MIDWIFERY

Verification of Hours

Section A - Complete Section A and forward form to your employer(s) from the past 3 years requesting completion of Section B.

Name: _____
Surname Given Name(s) Birth/Former Name(s)

Email Address: _____

Signature: _____ Date: _____

Section B - The above-named applicant is applying for registration with the PEI College of Nursing & Midwifery. Please complete the following statements in relation to the applicant's nursing currency.

This is to verify that _____
Name of Employee

was employed by _____
Name of Organization

_____
Mailing Address

between _____ and _____ Position: _____
(MM/DD/YY) (MM/DD/YY)

Please indicate hours of employment within the previous three years:

YEAR	HOURS WORKED

_____ _____
Name Title

_____ _____
Telephone Number Email Address

_____ _____
Signature Date

45 Paramount Drive
Charlottetown, PE
C1E 0C6

902-367-4005 - Phone
902-628-1430 – Fax
info@peicnm.ca