

Verification of Nursing Practice



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Section 2 — Employer/Agency:

Please complete Section 2 of this form and send directly to CNO by email at enp@cnomail.org. Information may be shared with the applicant.

SECTION 2

To be completed by the employer/agency Attention applicant: Do not complete Section 2

Name of employer/agency Province/State Postal/Zip code Country

Address Manager/supervisor's direct phone number (include country code)

City/town Fax number (include country code)

<p>1. Date of employment: From: () To: ()</p> <p>2. Last shift worked: ()</p> <p>3. Category of employment: <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Registered Practical Nurse <input type="checkbox"/> Other (please specify): _____</p> <p>4. Position in nursing (e.g. staff nurse, Clinical Instructor): _____</p> <p>5. Type of practice setting (e.g. Public Health, Chronic Care): _____</p> <p>6. Type of patient population (e.g. Adult, Paediatric, Mental Health): _____</p> <p>7. What language did the applicant primarily use for reading, writing, speaking and listening in the health care or practice setting when providing nursing services and interacting with patient, clients, and/or other healthcare professionals: _____</p>	<p>8. When providing nursing services in this language to these patients/clients, the applicant practiced nursing: <input type="checkbox"/> Full-time (30 or more hours per week) <input type="checkbox"/> Part-time (less than 30 hours per week) <input type="checkbox"/> Casually (as needed)</p> <p>9. Would you re-employ this person? _____ If no, please explain why (Please attach an explanation if more space is needed): _____ _____ _____ _____</p> <p>I hereby certify that the information given is true and complete:</p> <p>_____ Name of manager/supervisor</p> <p>_____ Title</p> <p>_____ Email address</p> <p>_____ Signature</p> <p>_____ Date (DD/MM/YYYY)</p>
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