UNIVERSITÉ D'OTTAWA • UNIVERSITY OF OTTAWA

Verification of employment hours

Primary health care nurse practitioner program

ATTENTION: Once the form is completed, applicants must upload it with their admission application via their uOZone account. If you have more than one form, please scan in one document and submit all forms in one upload.

SECTION 1 | **To be completed by the applicant and sent to their employer. Please print.**
Photocopies of this sheet may be made to distribute to all employers in last five years.

SURNAME	GIVEN NAME(S)

Dates of employment From ___ DAY ___ MONTH ___ YEAR to ___ DAY ___ MONTH ___ YEAR

I, ______________________________ , am applying to the Ontario Primary Health Care Nurse Practitioner Program at the University of Ottawa. To process my application, the University is asking your institution to provide information about my employment status. I give my previous and/or present employer(s) permission to provide any information in its possession to the University of Ottawa on the type and length of my employment.

Applicant signature ______________________________ Date ___ DAY ___ MONTH ___ YEAR

ATTENTION APPLICANT: DO NOT COMPLETE SECTION 2.

Faculty of Health Sciences

125 University Private, Room 232, Ottawa ON, K1N 6N5

Email: **healthsc@uOttawa.ca**

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SECTION 2 | **To be completed by the employer and returned to the applicant.**

Name of employee	**Total hours worked** in the last five years:

Date of employment From DAY MONTH YEAR to DAY MONTH YEAR

Employment agency name:	Number and street	
City	Province	Postal code
Country	Telephone	Fax

Please check the type of employment setting(s) your organization is best described as:

- ☐ Acute-care hospital, addiction and mental health centre/ psychiatric hospital, complex continuing care/rehabilitation hospital, other hospital.
- ☐ Community Care Access Centre, community health centre, community mental health program, hospice, nursing/ staffing agency, physician's office, public health unit/ department, school, group home, street health agency.
- ☐ Health care education, nursing education program or research organization.
- ☐ Long-term care facility, nursing home, home for the aged, retirement home.
- ☐ Independent practice; health care consultant agency; seasonal camp; occupational health services; industry; insurance, pharmaceutical or medical-supply company.
- ☐ Government health agency, social services agency or nursing organization (labour, professional support, regulatory).

Area(s) of nursing practice the applicant was engaged in at your organization:

☐ Clinical ☐ Research ☐ Leadership ☐ Education ☐ Administration

I certify that the information given here is true and complete.

Name (please print): ______________________ Title ______________

Signature ______________________ Date DAY MONTH YEAR

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