

Unit 1-45 Paramount Dr, Charlottetown PE C1E 0B6 Tel: 902-368-3764 Fax: 902-628-1430 Email: info@crnpei.ca

Name:			
Name: Given		n Names Birth/Former Name(s)	
Employee #:		Telephone #/Email A	ddress:
Signature:		Date:	
Please complete the following sta	atements in relation to the pairment that would indi	e applicant's employme	ege of Registered Nurses and Midwives of PEI. ent as a registered nurse. If you are aware of a ald not be granted, please state it. Please return the
This is to verify that		Name of Employe	e
			•
was employed by		Name of Organizati	on
		Mailing Address	
betweenMonth/Day/Year	_ and	Position: _	
Month/Day/Year	Month/Day/Ye	ar	
Please indicate hours of employr	nent within the previous	five years:	
YEAI	}	HOURS WORKED	
General Performance/Comments	/Concerns:		
Name	Title		Telephone #/Email address
Signature		Date	