

## Nursing Employment Verification

### Instructions

- BCCNM will use the information provided in this form to assess the applicant's application for registration with the BCCNM. **The reference form must be submitted to BCCNM directly by the employer.**
- To avoid delays in the application process, make sure Sections A to C are complete, then provide to your current or previous nursing employer to complete Sections D to G. Provide an Employment Verification for each nursing employer in the last five years.
- The applicant must submit a resume of their nursing employment to BCCNM.
- The applicant must list all facility names within that health authority that this form is for.

### PART A — Personal information (to be completed by applicant)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ BCCNM ID: \_\_\_\_\_

Middle name(s): \_\_\_\_\_ Former name(s) if applicable: \_\_\_\_\_

### Part B — Employment information (to be completed by applicant)

Area of nursing you work/worked in:  Clinical practice  Administration  Education  Research

Facility name: \_\_\_\_\_

Health authority (if applicable): \_\_\_\_\_

Employer address (Apt/Box/#/Street): \_\_\_\_\_ City/town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code/zip code: \_\_\_\_\_

Manager name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Part C — Consent & Declaration (to be completed by applicant)

I give consent to any and all current and previous employers to release information regarding my conduct, fitness, and competence in nursing to BCCNM to be used solely for the purpose of assessing eligibility for registration in British Columbia.

I declare that the information I have provided on this form is true and accurate. I understand that falsification of this document, or the submission of any falsified documents to BCCNM, may be cause for BCCNM to withhold registration, revoke registration or take other appropriate action.

Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

## Part D — Employment information (to be completed by employer)

The individual above has applied for registration with the BC College of Nurses and Midwives (BCCNM). In order to determine if the applicant meets the requirements for registration, we would appreciate your assistance by completing the questions below. This form should be completed by HR or the supervisor/manager most familiar with the applicant's nursing practice during the time of employment. To avoid delays, all sections of this form must be completed.

**Both pages of this form must be sent directly to BCCNM by the employer by email at [register@bccnm.ca](mailto:register@bccnm.ca).**

Date employed from (dd/mm/yy): \_\_\_\_\_ to: \_\_\_\_\_

If currently on LTD, maternity or other type of leave, what date did the leave begin? (mm/dd/yy): \_\_\_\_\_

Job title: \_\_\_\_\_  Full-time  Part-time  Casual

Department(s) employed in: \_\_\_\_\_

Language spoken in the workplace: \_\_\_\_\_

Language used for documentation: \_\_\_\_\_

Is nursing registration required to hold this position? If yes, please indicate what type of nursing registration:

LPN  RN  RPN  Other

**Important: Please attach a job description for the position described.**

## Part E — Nursing practice hours in the past five years (to be completed by employer)

Provide the nursing practice hours for each calendar year (January 1 - December 31) of employment for the past **five** years. Hours must only include actual practice hours worked (excluding seniority, vacation, LTD/sick leave, paid/unpaid leave, etc).

Last year worked: \_\_\_\_\_ Hours: \_\_\_\_\_

Previous year: \_\_\_\_\_ Hours: \_\_\_\_\_

Previous year: \_\_\_\_\_ Hours: \_\_\_\_\_

Previous year: \_\_\_\_\_ Hours: \_\_\_\_\_

Previous year: \_\_\_\_\_ Hours: \_\_\_\_\_

### EXAMPLE:

Last year worked: 2023 Hours: 1,600

Previous year: 2022 Hours: 2,150

Previous year: 2021 Hours: 0

Previous year: 2020 Hours: 1,850

## Part F — Conduct (to be completed by employer)

Has the applicant ever been investigated, disciplined, terminated or allowed to resign in lieu of termination?

Yes  No

Is this individual eligible for rehire?  Yes  No

## Part G — Employer information (to be completed by employer)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

**IMPORTANT: Please email the completed reference (both pages) directly to [register@bccnm.ca](mailto:register@bccnm.ca).**