

Request for Canadian Employment and Role Verification



TRU-OL Admissions
805 TRU Way
Kamloops, BC V2C 0C8
truopen.ca | Fax: 250-371-5960
Email: oladmissions@tru.ca



GENERAL INFORMATION

The Return to Registered Nurse Practice program applicant completes **Part A** of this form.

Once **Part A** has been filled in, the applicant provides this form to the employer who will fill out **Part B** and email or fax the completed form to OL Admissions at:

Email: OLAdmissions@tru.ca

Fax: 250-371-5960, Attention OL Admissions

Contact OL Admissions for more information at OLAdmissions@tru.ca or by phone at **1-800-663-9711** (toll-free in Canada) or **250-852-7000** (Kamloops and International).

PART A (print clearly)

PERSONAL DATA

LAST NAME (legal)	
FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)
PREVIOUS LAST NAME (if applicable)	

EMPLOYER DETAILS

CARE FACILITY / HOSPITAL NAME
MANAGER'S NAME (in full)

WORK ADDRESS

MAILING ADDRESS	
CITY / TOWN / VILLAGE	
PROVINCE	POSTAL CODE

PART B (employer to complete)

The individual above has applied for the Return to Registered Nurse Practice program and as part of the application process, their previous work experience is assessed. We appreciate your assistance in completing the following questions.

DATES OF EMPLOYMENT

START DATE:

END DATE:

DEPARTMENTS EMPLOYED IN:

JOB TITLE:

Health Care Assistant

Licensed Practical Nurse

Registered Nurse

LANGUAGE SPOKEN IN THE WORKPLACE:

LANGUAGE USED FOR DOCUMENTATION:

ARE REGISTERED NURSES EMPLOYED AND ON SITE AT THIS CARE FACILITY?

Yes

No

DETAILS OF EMPLOYMENT

HOURS:

Full-time

Part-time

Casual

TOTAL HOURS:

PLEASE INDICATE WHICH OF THE FOLLOWING HAVE BEEN INCLUDED WITH THE APPLICANT'S REGULAR DUTIES:

Personal care

Medication administration

Physical assessment

Catheterization

Dressing changes

IV maintenance

Oxygen therapy

COMMENTS:

Full Name (print clearly): _____ Title: _____

Phone Number: _____ Email Address: _____

EMPLOYER'S SIGNATURE

DATE
