

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.

Date employed from (mm/dd/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 NP 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.