

PROFESSIONAL EXPERIENCE

This section must be completed by the employer.

Total number of hours while the applicant was employed by you:

Please indicate the number of hours worked per year as well as the area(s) the employee has worked in.

From 1 January	To 31 December	Clinical areas	Number of hours
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		
AAAA	AAAA		



PROFESSIONAL EXPERIENCE [continue]

Applicant's employment title:

The main responsibilities related to this work are:

The division of tasks is as follows:

Direct patient care

%

Management

%

Teaching

%

Other

%

If other, please specify:

A description of the applicant's position is attached:

Yes

No

If **No**, please list the key functions below:

DESCRIPTION OF THE HEALTH CARE FACILITY

A description of the facility is attached to this form:

Yes

No

Address of the website of the facility:

Mission (general hospital, specialized health care facility, etc.):

Total number of beds in the institution:

