



IDENTIFICATION OF THE APPLICANT

Last name:	<input type="text"/>	Permit number:	<input type="text"/>
Birth name:	<input type="text"/>	First name:	<input type="text"/>
	<small>If different from the family name</small>	Date of birth:	<input type="text"/>
Address:	<input type="text"/>	Country:	<input type="text"/>
City (Province):	<input type="text"/>	Postal code:	<input type="text"/>
Email:	<input type="text"/>	Telephone:	<input type="text"/>

EMPLOYER

This section must be completed by the employer.

Name of the employer:	<input type="text"/>		
Address:	<input type="text"/>	Country:	<input type="text"/>
City (Province):	<input type="text"/>	Postal code:	<input type="text"/>

Representative

Last name:	<input type="text"/>	First name:	<input type="text"/>
Title:	<input type="text"/>		
Email:	<input type="text"/>	Telephone:	<input type="text"/>

Certifies that the applicant identified above has been employed by us.	Employee number:	<input type="text"/>
	Start date	<input type="text"/>
		<small>AAAA-MM-JJ</small>
	End date	<input type="text"/>
		<small>AAAA-MM-JJ</small>

I certify the accuracy of the information contained in this application.

I authorize the Ordre des infirmières et infirmiers du Québec to proceed with its verification if necessary.

Signature:	<input type="text"/>
Date of signature:	<input type="text"/>

Please affix your seal or
stamp in this space

The form must be completed, signed, and returned to the applicant.



PROFESSIONAL EXPERIENCE [continue]

Applicant's employment title:

The main responsibilities related to this work are:

The division of labour is:

Direct patient care

%

Management

%

Teaching

%

Other

%

If other, please specify:

A description of the applicant's position will be 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:

