

Attestation of Hours Worked

REGISTRAR'S OFFICE AND EXAMINATION



NURSE

Last Name: _____
 First Name: _____

Date of Birth: _____
 Permit Number: _____

EMPLOYER

Name: _____
 Address: _____
 City / Town: _____

Postal Code: _____
 Province / Territory: _____
 Country: _____

HOURS WORKED

As this nurse's employer, you are asked to send us **directly** certain information concerning this member's professional practice. Please confirm the number of hours devoted to professional nursing activities (hours worked as a CPN and study, sick and maternity leave and vacation are not eligible) over the **past four calendar years** (from 1 January until 31 December) and **this calendar year**.

If the nurse has worked for a CIUSSS or a CISSS, please indicate **the name of the place of practice**.

yyyy / mm / dd	yyyy / mm / dd	Number of hours	Position	Place of Practice
From _____	To _____	_____	_____	_____
From _____	To _____	_____	_____	_____
From _____	To _____	_____	_____	_____
From _____	To _____	_____	_____	_____
From _____	To _____	_____	_____	_____

I certify that all the information that I have provided is accurate and true.

Signatory's Name: _____

Title: _____

Date: _____

This form must be duly completed and returned by e-mail to actualisation-br@oiq.org.
 For more information, please contact the Direction, Registrariat et examens at 514 935-2501, option 2, or 1 800 363-6048, option 2.