



ACTUALIZATION

Attestation of hours worked

Office of the Admissions and Registrar

INFORMATION ON THE MEMBER

Last name of the nurse: _____ Date of birth: _____
 First name of the nurse: _____ Permit number: _____

INFORMATION ON THE EMPLOYER

Name of the employer: _____ Postal code: _____
 Address: _____ Province/Territory: _____
 City: _____ Country: _____

INFORMATION ON HOURS WORKED

As an employer, you must send us certain information about this member’s professional activities **directly**. Please confirm the number of hours spent performing activities related to the nursing profession (excluding hours worked as a CPN and education, sick, maternity and vacation leave) for each of the **last four calendar years** (January 1 to December 31) and for the **current year**.

If the person worked in a CIUSSS or a CISSS, please indicate the **name of the facility as the place of work**.

If the hours are worked under a **special COVID-19 health emergency authorization**, please attach a **DESCRIPTION (non-generic) OF PROFESSIONAL ACTIVITIES performed by the nurse** (excluding activities under the COVID-19 limitation: proceeding to vaccination, administering influenza, pneumococcus and SARS-CoV-2 vaccines, conducting COVID-19 screening tests and providing education and advice regarding COVID-19).

yyyy-mm-dd	yyyy-mm-dd	Number of hours	Job title	Place of work
From	To			
From	To			
From	To			
From	To			
From	To			

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

Signatory: _____ Title: _____
 Date: _____

The employer must return the duly completed form by email to actualisation-br@oiiq.org.
 For more information, please contact the Office of the Admissions and Registrar at 514 935-2501, option 2, or at 1 800 363-6048, option 2.