



Saskatchewan Registered Nurses' Association
 2066 Retallack Street
 Regina, SK S4T 7X5 Canada
 306-359-4200 Toll Free 1-800-667-9945 Fax 306-359-0257
 Email: info@srna.org www.srna.org

**Consent Form to Obtain Employment
 Verification Information**

Return directly to SRNA office

Last Name _____ Given Name _____ Middle Name _____
 Former Name(s) _____
 Home Address _____ City _____
 Province/State _____ Country _____ Postal/Zip Code _____
 Telephone: Home (____) _____ Work (____) _____ Ext ____ Cell (____) _____

**I If you have worked as a Registered Nurse, complete the following and return to SRNA.
 Start Date is RN start date - DO NOT include time/hours worked as a Graduate Nurse
 (If you have never worked as a RN, go to Section II)**

Current/Most Recent Registered Nurse Employer (complete address required)

Name of Employer	Start Date
Address	End Date
City	Full Time
Province/State	Part Time
Postal/Zip Code	
Supervisor's Name / Position (Title)	Telephone Number
	Fax Number

CONSENT FOR INFORMATION TO BE RELEASED TO THE SRNA

I hereby give consent to my present or past employer for release of information concerning my competency to practice nursing to the Saskatchewan Registered Nurses' Association, solely for the purpose of assessment of my application for nurse registration in Saskatchewan.

Signature	Date
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OR II If you have never worked as a Registered Nurse, sign and date the following:

I hereby certify that I have never worked as a Registered Nurse.

Signature	Date
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