



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 for
 Graduate Nurse**

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 Graduate Nurse, complete the following and return to SRNA.

Current/Most Recent Graduate 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	Telephone Number
	Fax Number

CONSENT FOR INFORMATION TO BE RELEASED TO THE SRNA

I hereby give consent to my present or past graduate nurse 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 an extension to my graduate nurse registration in Saskatchewan.

Signature

Date