

**RN Applicant:
STATEMENT FROM EMPLOYER**

Complete and then forward back to the College of Registered Nurses of Saskatchewan

Last Name _____ Given Name _____ Middle Name _____

Birth/Former Name(s) _____

Date of Birth: (month/day/year) _____

Email Address: _____ Telephone Number: _____

Manager _____

Facility _____

Address _____

Business email _____

Employee Number (if applicable): _____

Dates of Employment from _____ to _____
(month/day/year) (month/day/year)

CONSENT FOR INFORMATION TO BE RELEASED TO THE CRNS

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

Signature

Date

OR

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

Signature

Date