



Saskatchewan Registered Nurses Association  
 2066 Retallack Street  
 Regina, Saskatchewan  
 S4T 7X5

**Hours of RN Employment**

Return directly to SRNA office

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Email \_\_\_\_\_ This email is  Home  Work

**RN Employment** – If you have had more than one employer within the dates indicated, fill in the name of your primary employer only, but include the total RN hours worked at all employers within the dates provided.

Year (do not change dates)	Place of Primary Employment		Total Hours Per Year
	Facility	Location	
2020 Dec 01 - current			
2019 Dec 01 - 2020 Nov 30			
2018 Dec 01 – 2019 Nov 30			
2017 Dec 01 – 2018 Nov 30			
2016 Dec 01 – 2017 Nov 30			

I certify that the information I have provided on this form is true and acknowledge that my application for registration and my licence may be refused or cancelled if I have provided any inaccurate information. I understand that, in order to practise nursing in Saskatchewan, I am required by law to be registered and hold a current practicing licence with the Saskatchewan Registered Nurses Association before I commence employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_