

CRNPEI Verification of Hours Audit Form - NP

Verification of RN/NP Hours Worked in the Past 5 Years (To Be Released to CRNPEI)

From: _____
RN/NP Surname Given Name(s)

CRNPEI Registration Number:

To: _____
Name of Employer/Agency

Consent

I have been randomly selected by the College of Registered Nurses of PEI (CRNPEI) to provide verification that I have practiced as a Nurse Practitioner. I hereby grant consent and request that Payroll/HR complete the bottom portion of this form providing documentation of my hours worked as a RN/NP and **RETURN TO CRNPEI**.

RN/NP Signature _____
Date

Payroll/HR: Please return to CRNPEI. Do not include leave(s) of absence. Include overtime only as actual time worked. Do not count "on call" hours, only actual RN/NP hours worked.

EMPLOYER NAME _____
TELEPHONE

EMPLOYEE NAME _____
JOB TITLE

The above named RN/NP is: Full-time Part-time Casual Other: _____

AS PER CRNPEI's Membership Year	RN/NP Hours of Work	Comments
2017: Nov 1, 2017 - Oct 31, 2018		
2016: Nov 1, 2016 - Oct 31, 2017		
2015: Nov 1, 2015 - Oct 31, 2016		
2014: Nov 1, 2014 - Oct 31, 2015		
2013: Nov 1, 2013 - Oct 31, 2014		

I confirm that the above employee has been working as a Nurse Practitioner.

Signature, Payroll/ Human Resources _____
Title

Please feel free to attach documentation that will verify practice hours.

Return via email to: CCP Audit, info@crnpei.ca or via regular mail to: CRNPEI, Unit 6 -161 Maypoint Road, Charlottetown PE C1E 1X6