

CRNPEI Verification of Hours Audit Form – RN

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

From: _____
RN Surname Given Name(s)

CRNPEI Registration Number:

To: _____
Name of Employer/Agency

Street Address

City/Town

Province

Postal Code

Consent

I have been randomly selected by the College of Registered Nurses of PEI (CRNPEI) to provide verification that I have practiced as a Registered Nurse. 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 and **RETURN TO CRNPEI**.

RN 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 hours worked.

EMPLOYER NAME

TELEPHONE

EMPLOYEE NAME

JOB TITLE

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

| AS PER CRNPEI's Membership Year | RN 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 Registered Nurse

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