

# Verification of Nursing Practice Nurse Practitioner



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

College of Nurses of Ontario  
101 Davenport Rd., Toronto, ON M5R 3P1  
[www.cno.org](http://www.cno.org)

Telephone: 416 928-0900  
Toll-free (Canada): 1 800 387-5526  
Fax: 416 928-6507 Email: [enp@cnomail.org](mailto:enp@cnomail.org),

## How to complete this form

Step 1: Applicant should complete section 1.

Step 2: The employer/agency should complete section 2.

Step 3: The employer/agency should return the fully completed form to the College of Nurses of Ontario (CNO) by email at [enp@cnomail.org](mailto:enp@cnomail.org).

## Important

CNO will not accept this document if sent by the applicant; it must be sent by the employer/agency directly to CNO.

## Collection of Personal Information

Please review CNO's [Privacy Policy](#) to understand how your personal information will be used.

## SECTION 1

### To be completed by the applicant

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Applicant's mailing address

\_\_\_\_\_  
Apt/unit#

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Postal/Zip Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Date of birth (DD/MM/YYYY)

\_\_\_\_\_  
Application number

\_\_\_\_\_  
Previous name(s)

Date of employment:

From: (                    )

To: (                    ) (last shift worked)

Category of employment

Registered Nurse

Nurse Practitioner-Adult

Nurse Practitioner-Paediatrics

Nurse Practitioner-Primary Health Care

Other (please specify): \_\_\_\_\_

I \_\_\_\_\_ am seeking registration in Ontario.

Name of applicant

In order to process my application, the CNO is requesting that your institution provides information with respect to my employment status. I hereby give my previous and/or present employer(s) consent to provide any and all information in its possession to the CNO regarding my nursing practice. This shall constitute your legal authority to provide the information and any other information which the CNO shall request which may, in any way, be relevant to my application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

DD/MM/YYYY

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**Section 2—Employer/Agency:** Please complete Section 2 of this form and send directly to CNO by email at [enp@cnomail.org](mailto:enp@cnomail.org). Include a copy of the job description with the Verification of Nursing Practice Nurse Practitioner form. Information may be shared with the applicant.

## SECTION 2

**To be completed by the employer/agency** Attention applicant: Do not complete Section 2

Name of employer/agency Province/State Postal/Zip code Country

Address Manager/supervisor's direct phone number (include country code)

City/town Fax number (include country code)

<p>1. Date of employment: From: (                    ) To: (                    )</p> <p>2. Last shift worked: (                    )</p> <p>3. Category of employment: <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Nurse Practitioner-Adult <input type="checkbox"/> Nurse Practitioner-Paediatrics <input type="checkbox"/> Nurse Practitioner-Primary Health Care <input type="checkbox"/> Other (please specify): _____</p> <p>4. Position in nursing (e.g. staff nurse, NP): _____</p> <p>5. Type of practice setting (e.g. Public Health): _____</p> <p>6. Type of patient population (e.g. Adult, Paediatric, Mental Health): _____</p> <p>7. What language did the applicant primarily use for reading, writing, speaking and listening in the health care or practice setting when providing nursing services and interacting with patient, clients, and/or other healthcare professionals: _____</p>	<p>8. When providing nursing services in this language to these patients /clients, the applicant practiced nursing: <input type="checkbox"/> Full-time (30 or more hours per week) <input type="checkbox"/> Part-time (less than 30 hours per week) <input type="checkbox"/> Casually (as needed)</p> <p>9. Would you re-employ this person? _____ If no, please explain why (Please attach an explanation if more space is needed): _____ _____ _____</p> <p>I hereby certify that the information given is true and complete:</p> <p>_____ Name of manager/supervisor</p> <p>_____ Title</p> <p>_____ Email</p> <p>_____ Signature</p> <p>_____ Date (DD/MM/YYYY)</p>
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