

**CONSENT FOR VERIFICATION:  
CURRENT/MOST RECENT RN EMPLOYMENT**

Complete and 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 \_\_\_\_\_

Phone/fax/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 most recent 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 in any province/state/country.

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