College of Registered Nurses of Saskatchewan

Graduate Nurse Consent Form to Obtain Employment Verification Information

Last Name_____ Given Name_____ Middle Name _____

Former Name(s) _____

Home Address_____ City _____

Province/State_____ Country_____ Postal/Zip Code _____

Telephone: Home (___) _____ Work (___) _____ Ext____ Cell (___) _____

I If you have worked as a Graduate Nurse, complete the following and upload to your CRNS account. Once received an *Employment Reference Questionnaire* will be sent to your Nurse Manager.

Current/Most Recent Graduate Nurse Employer (address & contact info is required)

_____
Name of Employer (Facility-Health Region)

_____
Address

_____
City

_____
Province/State Postal/Zip Code

GN Start Date _____
(clinical practice)

End Date, if applicable _____

Full Time _____

Part Time _____

_____
Nurse Manager's Name

_____
Telephone Number Fax Number

_____
Supervisor's Work Email Address

CONSENT FOR INFORMATION TO BE RELEASED TO THE SRNA

I hereby give consent to my present or past graduate nurse employer for release of information concerning my competency to practice nursing to the College of Registered Nurses of Saskatchewan, solely for the purpose of assessment of my application for an extension to my graduate nurse registration in Saskatchewan.

_____ _____
Signature Date