College of Registered Nurses of Saskatchewan

RN Employment/Education History

Return directly to CRNS office

Last Name _____ Given Name _____ Middle Name _____

Home Address _____ City _____

Province/State _____ Country _____ Postal/Zip Code _____

Email _____ This email is ❑ Home ❑ Work

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

List all RN employment since graduation from your basic nursing program.

Start Date (month/ year)	End Date (month/ year)	Position	Unit/Area	Practice Hours (Total)	Facility Name and Location (City/Country)
		Primary Language: _____			
		Primary Language: _____			
		Primary Language: _____			
		Primary Language: _____			
		Primary Language: _____			

Start Date (month/ year)	End Date (month/ year)	Position	Unit/Area	Practice Hours (Total)	Facility Name and Location (City/Country)
		Primary Language: _____			
		Primary Language: _____			

List all courses taken since graduation from your basic nursing program.

Start Date (month/ year)	End Date (month/ year)	Title of Course	Name and Location of Educational Institution	Certificate/Degree Obtained
		Language of Instruction: _____		
		Language of Instruction: _____		
		Language of Instruction: _____		
		Language of Instruction: _____		

Signature _____ Date _____