

## EMPLOYER ATTESTATION OF ENGLISH LANGUAGE PROFICIENCY

### APPLICANT CONSENT

Complete consent section then upload into your RN application, the CRNS will provide the English Attestation Forms to your employer on your behalf.

Last Name \_\_\_\_\_

Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Birth/Former Name(s) \_\_\_\_\_

Date of Birth: (month/day/year) \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employee Number (if applicable): \_\_\_\_\_

Position held for at least one year in English speaking role (RN, LPN, or CCA): \_\_\_\_\_

Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Business Email: \_\_\_\_\_

I hereby grant consent and request that my employer complete the English Attestation Form and forward to the CRNS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date