



Saskatchewan Registered  
Nurses' Association  
2066 Retallack Street  
Regina, Saskatchewan  
S4T 7X5

**Hours of RN Employment**

Return directly to SRNA office

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

Email \_\_\_\_\_ This email is  Home  Work

**RN Employment** – If you have had more than one employer within the dates indicated, fill in the name of your primary employer only, but include the total RN hours worked at all employers within the dates provided.

Year (do not change dates)	Place of Primary Employment		Total Hours Per Year
	Facility	Location	
2015 Dec 01 – 2016 Nov 30			
2014 Dec 01 – 2015 Nov 30			
2013 Dec 01 – 2014 Nov 30			
2012 Dec 01 – 2013 Nov 30			
2011 Dec 01 – 2012 Nov 30			

I certify that the information I have provided on this form is true and acknowledge that my application for registration and my licence may be refused or cancelled if I have provided any inaccurate information. I understand that, in order to practise nursing in Saskatchewan, I am required by law to be registered and hold a current practicing licence with the Saskatchewan Registered Nurses' Association before I commence employment. I hereby agree to review and practise in accordance with the CNA Code of Ethics and SRNA Standards and Foundation Competencies.

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