## Advanced Education in Orthopaedics for LPNs WORK VERIFICATION FORM NO



Office of the Registrar

Room 1-205, 10215 – 108 Street NW Edmonton, Alberta, Canada T5J 1L6 admissions@norquest.ca | www.norquest.ca

## INSTRUCTIONS

*NorQuest Advanced Education in Orthopaedics for LPNs applicants* – complete form:

OFFICE USE ONLY	
TODAY'S DATE	ENTERED BY

### Academic requirements

- Active registration in good standing with a college for licensed practical nurses (LPNs)
- Active employment in an acute care site for a minimum of 3600 hours, confirmed by a letter from your current employer. Acute care sites include medicine, surgery, intensive care, cardiac care, pediatrics, emergency departments, operating rooms, or out-patient cast rooms.

Then print and sign the form, and submit it directly and confidentially to NorQuest College by either:

- Scanning and emailing as a PDF directly from your work email address to <u>admissions@norquest.ca</u>, or
- Mailing directly to our office at the address above.

## PART I: TO BE COMPLETED BY NORQUEST APPLICANT

LAST NAME (LEGAL)	FIRST NAME (LEGAL)		STUDENT ID #
CURRENT EMPLOYER		DATES OF EMPLOYMENT	

ACUTE CARE EXPERIENCE	LOCATION	DATE	HOURS
MEDICINE			
SURGERY			
INTENSIVE CARE			
CARDIAC CARE			
PEDIATRICS			
EMERGENCY DEPARTMENTS			
OUT-PATIENT CAST ROOM			
OPERATING ROOM			
TOTAL HOURS		1	

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## PART II: TO BE COMPLETED BY CURRENT WORK SUPERVISOR

WORK SUPERVISOR NAME	POSITION / JOB TITLE / AREA	EMAIL ADDRESS
WORK SUPERVISOR SIGNATURE	PRINT NAME	DATE

### Freedom of Information & Protection of Privacy (FOIP) Notification Statement

The personal information requested on this form is collected under the authority of section 65 of the *Post-secondary Learning Act* and section 33(c) of Alberta's *Freedom of Information and Privacy Act* and will be used to determine eligibility for admission to the Advanced Education in Orthopaedics for LPNs program. For information about the collection and use of this information, contact the Policies and Regulatory Compliance Office at 10215 108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6000.

### DECLARATION

I acknowledge the FOIP statement above and verify that all information contained on this form is true and complete, that no relevant information has been withheld, and recognize that any misrepresentations may result in the applicant being denied admission to NorQuest College. I authorize NorQuest College to contact me if further clarification regarding the information provided is required for admission to the Advanced Education in Orthopaedics for LPNs program.

APPLICANT SIGNATURE	PRINT NAME	DATE