

Advanced Foot Care WORK VERIFICATION FORM



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

OFFICE USE ONLY	
TODAY'S DATE	ENTERED BY

INSTRUCTIONS

NorQuest Advanced Foot Care applicants – complete form:

Academic requirements

- Active licensure in Canada as a licensed practical nurse, registered nurse or nurse practitioner and license in good standing.
- Active employment in direct patient care for a minimum of 1800 hours, confirmed by submission of the Advanced Foot Care Work Verification Form from your current employer. Direct patient care may include primary care, home care, supportive living, long term care, or acute care units including medicine, intensive care, cardiac care, surgery or emergency.

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 admissions@norquest.ca, 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
------------------	---------------------

EMPLOYMENT EXPERIENCE	LOCATION	DATE	HOURS
MEDICINE			
SURGERY			
INTENSIVE CARE			
CARDIAC CARE			
EMERGENCY DEPARTMENTS			
PRIMARY CARE			
HOME CARE			
SUPPORTIVE LIVING/LONG TERM CARE			
TOTAL HOURS			

Note: The Program may audit these hours.

Advanced Foot Care WORK VERIFICATION FORM



Office of the Registrar

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

PART II: TO BE COMPLETED BY CURRENT WORK SUPERVISOR

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

Protection of Privacy Act (POPA) Notification Statement

Your personal information is needed for confirming your active employment hours in direct patient care and will be used to determine your eligibility for admission to the Advanced Foot Care program. This is allowed under section 4(c) of the *Protection of Privacy Act (POPA)*. Your information will be protected from unauthorized access, use, and sharing. If you have questions about your collected information, you can contact Office of the Registrar, 10215 108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6000 or info@norquest.ca.

DECLARATION

I acknowledge the POPA 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 Foot Care program.

APPLICANT SIGNATURE	PRINT NAME	DATE
---------------------	------------	------