

## **Undergraduate Nurse Employee Clinical Hours Confirmation**

Date (dd-Mon-yyyy)

This form is to be completed by the nursing student. Complete the applicant details and the Clinical Hours Report. Obtain signature from your faculty of nursing to confirm your active enrolment. You must present a current copy of this form at your interviews. For more information visit http://www.albertahealthservices.ca or contact your zone Talent Acquisition Advisor. If there is a change in your status, you must notify your employer.

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Applicant Details					
Name of student (Last name, First name)				Date (dd-Mon-yyyy)	
Phone	Email				
Name of educational institution	Location of educational institution   Alberta				
Clinical Hours Report					
☐ Successful completion of 3rd year of	an RN nursing edu	ıcation prograr	ո <b>and</b>		
☐ Completion of 600 hours of clinical	al practice in an app	roved RN edu	cation	program	
☐ Currently in the final year of an after-	degree RN nursing	education pro	gram	and	
☐ Completion of 600 hours of clinical	al practice in an app	roved RN edu	cation	program	
☐ Successful completion of 2nd year o	f an RPN nursing e	ducation progr	ram <b>ar</b>	nd	
☐ Completion of 600 hours of clinical	al practice in an app	proved RPN ed	lucatio	on program	
Course			Clini	ical Hours Success	sfully Completed
		Total Hours			
Confirmation of Enrollment					
I certify the named student is active and Alberta educational institution.	currently enrolled t	to continue the	ir nurs	sing program in the	above named
Name of Educational Institution Repres	entative (print)	Signature			Date (dd-Mon-yyyy)
Anticipated Graduation Date (dd-Mon-yyy	ry)				
All information is true and accurate. Any immediately.	changes to the abo	ove information	n will b	pe reported to my er	mployer

Student Signature