



Employment Reference for Nurse Registration

Applicant must have worked as a registered nurse for this employer for a minimum of three (3) months within the last five (5) years. Information provided on this form may be shared with the applicant.

Part A – To be completed by Applicant only

After completing Part A, give this form to an employer for whom you have worked as an RN within the past five years. The completed form must be sent to CRNBC directly from the employer.

Name: _____ Date _____

Former name(s): _____ Date of Birth _____
day month year

Employee number (if known): _____

Part B – To be completed by Employer only

After completing Part B, the employer must forward the completed Form 37 directly to CRNBC. If mailing, please use a corporate envelope or sign over the seal. If faxing, please use a corporate cover page. CRNBC must be able to confirm that this form was sent directly from the employer or it will not be accepted.

Employer: _____

Position held by applicant: _____ Unit/Area: _____

Is this a registered nurse position YES NO

Applicant employed from: _____ To: _____
month/year month/year

Number of hours worked per year as a registered nurse _____

Name of person completing this form (print): _____

Title: _____

Signature: _____ Date: _____

Address of employer: _____
no./street city/town
_____ province/state/country postal/zip code

Telephone: _____ E-mail: _____

Employer Comments (optional) _____

Employer to forward completed form to:
CRNBC Registration, Inquiry and Discipline
2855 Arbutus Street, Vancouver, BC, Canada V6J 3Y8
Fax: 604.736.3576