



## 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