**Undergraduate Nurse Employee Clinical Hours Confirmation**

**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. If there is a change in your status, you must notify your employer.

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| **Applicant Details** | | | |
| **Name of student** | | | **Date (yyyy-mmm-dd)** |
| **Phone** | **Email** | | |
| **Name of educational institution** | | **Location of educational institution**  **☐ Manitoba** | |

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| --- | --- |
| **Clinical Hours Report** | |
| **Clinical Placement (Medicine, Surgery or Mental Health)** | **Clinical Hours Successfully Completed** |
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|  |  |
| **Total Hours** |  |

**Confirmation of Enrollment**

I certify the named student is active and currently enrolled to continue their nursing program in the above named educational institution.

|  |  |  |
| --- | --- | --- |
| Name of Educational Institution Representative (print) | Signature | Date (yyyy-mmm-dd) |
| Anticipated Graduation Date (yyyy-mmm-dd) | | |

All information is true and accurate. **Any** changes to the above information will be reported to my employer immediately.

|  |  |
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| Student’s Signature | Date (yyyy-mmm-dd) |