

If you have worked as a Graduate Nurse and are applying for the first extension of your license, complete and return to the **CRNS** as an attachment to exams@crns.ca. Once received a *Statement from Employer* will be sent to your Nurse Manager.

Last Name _____ Given Name _____ Middle Name _____

Date of Birth: _____ Telephone Number: _____
(month/day/year)

Email Address: _____

Dates of GN Clinical Practice:

Employment from _____ to _____
(month/day/year) (month/day/year)

Current Nurse Manager's Name Facility

Address

Phone Work Email

CONSENT FOR INFORMATION TO BE RELEASED TO THE CRNS

I hereby give consent to my present or past employer for release of information concerning my competency to practice, solely for the purpose of assessment of my application for graduate nurse registration in Saskatchewan.

Signature Date

OR

I hereby certify that I have never worked as a Graduate Nurse.

Signature Date