



# ANBLPN

Association of New Brunswick Licensed  
Practical Nurses

# AIAANB

L'Association des Infirmières Auxiliaires  
Autorisés du Nouveau-Brunswick

## VERIFICATION OF EMPLOYMENT HOURS

Name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Employer: \_\_\_\_\_

To be completed by the employer and returned directly to:  
**ANBLPN 384 Smythe Street, Fredericton, NB E3B 3E4**  
**or fax: 506 459-0503**

**if any questions please call: ANBLPN**  
**telephone number: 506 453-0747,**  
**email address: [lpninfo@npls.ca](mailto:lpninfo@npls.ca)**

I do hereby certify that \_\_\_\_\_, practiced in  
this agency.

The following is an accurate account of his or her actual hours of work  
per year for each of the past five years.

Year	Total Hours	Dates of Employment	Classification
2020			
2019			
2018			
2017			
2016			

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(agency)

\_\_\_\_\_  
(city)

tel: \_\_\_\_\_