COLLEGE & ASSOCIATION OF REGISTERED NURSES OF ALBERTA

File / Registration #: _____
Shaded area for CARNA use only

2019 CURRENCY OF REGISTERED NURSING PRACTICE HOURS UPDATE FORM

Oct. 1, 2018 – Sept. 30, 2019

1. Personal Information

_____

Given or First Name | Middle or Second Name | Last Name or Family Name

CARNA registration or file number: _____ (Write "N/A" if you have not yet been given a file number by CARNA.)

2. Form Completion Tips

To avoid delays in the processing of your file, please follow these instructions closely:

- **Report** hours worked only **after your first RN registration date**.
- If you worked in more than one jurisdiction during the same year, include each jurisdiction name and number of hours in the row provided for that year. **Do not change the practice year dates in the table.**
- CARNA accepts **only a total number of hours for the year**. Hours per week or month are not accepted.
- If you have no RN hours for any year, please write **N/A** (Not Applicable) in the hours section.

3. Practice Hours

Dates (do not change)	**Nursing Jurisdiction Name** *Province (State/Territory) Country*	**Number of Hours Worked** *(provide actual hours)*
Current Practice Year Oct 1, 2018 to Sept 30, 2019		
Oct. 1, 2017 to Sept 30, 2018		
Oct 1, 2016 to Sept 30, 2017		
Oct 1, 2015 to Sept 30, 2016		
Oct 1, 2014 to Sept 30, 2015		
Oct 1, 2013 to Sept 30, 2014		

4. Submission of Form

I declare that all of the information I have provided on this form is accurate, complete and true.

_____

Signature | Date signed

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