



2019 CURRENCY OF PRACTICE HOURS FORM (GN, RN, GNP & NP) Oct. 1, 2018 – Sept. 30, 2019

1. Personal Information

Given or First Name

Middle Name or Second Name

Last Name or Family Name

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

2. Form Completion Tips

To avoid delays, please follow these instructions closely:

- **Report** hours worked only **after your first RN/NP 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, separating each jurisdiction with a line. If you need to use another form please do so.
- **Do not change the practice year dates in the table. You must list your hours according to the CARNA practice year.**
- If you incurred hours in more than one type of nursing practice within a year, list all types separated by a line and clearly indicate how many hours of each you worked.
- CARNA accepts **only a total number of hours for the year**. Hours per week or month are not accepted.
- If you have no hours for any year, please write **0** in the hours column. **Do not leave the section blank.**

3. Practice Hours

Dates <i>(do not change)</i>	Nursing Jurisdiction Name <i>Province (State/Territory) Country</i>	Practice Hour Type <i>(GN, RN, GNP or NP)</i>	Number of Hours Worked <i>(provide actual hours, write 0 if no hours worked)</i>
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