



## Documentation of Registered Nursing Experience/Practice

(More space provided on next page)

This section is to provide a description of your nursing work experience. Please enter the total hours of ALL nursing practice hours for each employer. **Include all employment after your initial registration after graduation from your nursing program.** CARNA will **not accept** hours/week reporting

Name \_\_\_\_\_

File # \_\_\_\_\_

Start and End Dates: D/M/YR	Employer Name and Complete Address	Practice Focus (↗)
	Name: _____	Direct Care: <ul style="list-style-type: none"> <li><input type="checkbox"/> medical-surgical</li> <li><input type="checkbox"/> obstetrics</li> <li><input type="checkbox"/> pediatric</li> <li><input type="checkbox"/> mental health/psychiatry</li> <li><input type="checkbox"/> community</li> <li><input type="checkbox"/> long term care</li> </ul>
Start Date	Address: _____	
End Date	_____	<input type="checkbox"/> Admin* <input type="checkbox"/> Research* <input type="checkbox"/> Educator* *provide details: <input type="checkbox"/> other (specify): _____
Total Hours	_____	Job Title and Description of Unit
	_____	
	_____	

Start and End Dates: D/M/YR	Employer Name and Complete Address	Practice Focus (↗)
	Name: _____	Direct Care: <ul style="list-style-type: none"> <li><input type="checkbox"/> medical-surgical</li> <li><input type="checkbox"/> obstetrics</li> <li><input type="checkbox"/> pediatric</li> <li><input type="checkbox"/> mental health/psychiatry</li> <li><input type="checkbox"/> community</li> <li><input type="checkbox"/> long term care</li> </ul>
Start Date	Address: _____	
End Date	_____	<input type="checkbox"/> Admin* <input type="checkbox"/> Research* <input type="checkbox"/> Educator* *provide details: <input type="checkbox"/> other (specify): _____
Total Hours	_____	Job Title and Description of Unit
	_____	
	_____	

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Name \_\_\_\_\_

File # \_\_\_\_\_

Start and End Dates: D/M/YR	Employer Name and Complete Address	Practice Focus (↷)
<p>Start Date _____</p> <p>End Date _____</p> <p>Total Hours _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>	<p>Direct Care:</p> <p><input type="checkbox"/> medical-surgical</p> <p><input type="checkbox"/> obstetrics</p> <p><input type="checkbox"/> pediatric</p> <p><input type="checkbox"/> mental health/psychiatry</p> <p><input type="checkbox"/> community</p> <p><input type="checkbox"/> long term care</p> <p><input type="checkbox"/> Admin*</p> <p><input type="checkbox"/> Research*</p> <p><input type="checkbox"/> Educator*</p> <p>*provide details:</p> <p><input type="checkbox"/> other (specify): _____</p>
		<p>Job Title and Description of Unit</p>

Start and End Dates: D/M/YR	Employer Name and Complete Address	Practice Focus (↷)
<p>Start Date _____</p> <p>End Date _____</p> <p>Total Hours _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>	<p>Direct Care:</p> <p><input type="checkbox"/> medical-surgical</p> <p><input type="checkbox"/> obstetrics</p> <p><input type="checkbox"/> pediatric</p> <p><input type="checkbox"/> mental health/psychiatry</p> <p><input type="checkbox"/> community</p> <p><input type="checkbox"/> long term care</p> <p><input type="checkbox"/> Admin*</p> <p><input type="checkbox"/> Research*</p> <p><input type="checkbox"/> Educator*</p> <p>*provide details:</p> <p><input type="checkbox"/> other (specify): _____</p>
		<p>Job Title and Description of Unit</p>

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**(Please copy this page if you require more space to list employers)**