

# Advanced Education in Orthopaedics for LPNs WORK VERIFICATION FORM



**Office of the Registrar**  
 Room 1-205, 10215 – 108 Street NW  
 Edmonton, Alberta, Canada T5J 1L6  
 admissions@norquest.ca | [www.norquest.ca](http://www.norquest.ca)

## INSTRUCTIONS

NorQuest Advanced Education in Orthopaedics for LPNs applicants – complete form:

Then print and sign the form, and submit it directly and confidentially to NorQuest College by either:

- Scanning and emailing as a PDF directly from your work email address to [admissions@norquest.ca](mailto:admissions@norquest.ca), or
- Mailing directly to our office at the address above.

## PART I: TO BE COMPLETED BY NORQUEST APPLICANT

OFFICE USE ONLY	
TODAY'S DATE	ENTERED BY

LAST NAME (LEGAL)	FIRST NAME (LEGAL)	STUDENT ID #
CURRENT FTE	CURRENT UNIT	DATES

ACUTE CARE EXPERIENCE	LOCATION	DATE/HOURS
MEDICINE		
SURGERY		
INTENSIVE CARE		
PEDIATRICS		
EMERGENCY DEPARTMENTS		
OUT-PATIENT CAST ROOM		

**Note: The Program may audit these hours.**

## PART II: Please submit verification of your work hours from the HR department with this work verification form.

### Freedom of Information & Protection of Privacy (FOIP) Notification Statement

The personal information requested on this form is collected under the authority of section 65 of the *Post-secondary Learning Act* and section 33(c) of Alberta's *Freedom of Information and Privacy Act* and will be used to determine eligibility for admission to the Advanced Education in Orthopaedics for LPNs program. For information about the collection and use of this information, contact the Policies and Regulatory Compliance Office at 10215 108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6000.

### DECLARATION

I acknowledge the FOIP statement above and verify that all information contained on this form is true and complete, that no relevant information has been withheld, and recognize that any misrepresentations may result in the applicant being denied admission to NorQuest College. I authorize NorQuest College to contact me if further clarification regarding the information provided is required for admission to the Advanced Education in Orthopaedics for LPNs program.

APPLICANT SIGNATURE	PRINT NAME	DATE
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