**Undergraduate Nurse Employee Clinical Rotation Hours Confirmation-**

**Urgent Care**

**This form is to be completed by the nursing student.** Complete the applicant details and the Clinical Hours Report. Obtain signature from your faculty of nursing to confirm your active enrolment. You must present a current copy of this form at your interviews. If there is a change in your status, you must notify your employer.

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| **Applicant Details** |
| **Name of student** | **Date (yyyy-mmm-dd)** |
| **Phone** | **Email** |
| **Name of educational institution** | **Location of educational institution****☐ Manitoba** |
| **Clinical Rotation Hours Confirmation Report** |
| **Clinical Rotation (Medicine, Surgery or Mental Health)**  | **Clinical Hours Successfully Completed** |
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| **Total Hours** |  |
| **Required Courses**  | **Completion Date** |
| **NURS 3532 Skills 4 (University of Manitoba/University College of the North) or;** |  |
| **NRSG-2601 Acute Conditions in Adults (Red River Polytec) or;** |  |
| **SINF 3035 Nursing Skills III (fall 3rd year) and SINF 4017 Practicum: Complex Care II (fall 4th year) (Université de Saint-Boniface courses) or;** |  |
| **Completion of year 3 in the BN program (Brandon University BN)** |  |
| **69:346 Integrated Practice III (end of Year 3) (Brandon University RPN).** |  |

**Confirmation of Enrollment**

I certify the named student is active and currently enrolled to continue their nursing program in the above-named educational institution.

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| Name of Educational Institution Representative (print) | Signature | Date (yyyy-mmm-dd) |
| Anticipated Graduation Date (yyyy-mmm-dd) |

**Applicant Certification**

I hereby certify that all information is true and accurate. **Any** changes to the above information will be reported to my employer immediately.

I further authorize my employer and educational institution to release to one another any information regarding my continued enrolment in the nursing program, any notable absences from the nursing program, non-compliance with program policies, organization rules, and standards of ethical behavior, or clinical concerns that may present a risk to patient safety.

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| Student’s Signature | Date (yyyy-mmm-dd) |