Temporary Class
Offer of Employment Form

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

College of Nurses of Ontario
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www.cno.org

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Toll-free (Canada): 1 800 387-5526
Fax: 416 928-6507

How to complete this form

Step 1: Applicant should complete section 1.

Step 2: Employer should complete section 2.

Step 3: Applicant should return the fully completed form to the College of Nurses of Ontario using the mailing address or fax number at the top of this form.

SECTION 1

To be completed by the applicant

Last name

First name

Date of birth (YYYY/MM/DD)

School of Nursing

Applicant number

Email address

Applicant's mailing address

City

Province

Postal Code

Primary Phone number

I agree and understand that as of the date of completion of this application, I am responsible for providing the Executive Director with the details of any new information that would change my response to any question on the declaration after my application is submitted and until a Certificate of Registration is issued. I understand that this requirement will continue even after the date my Certificate of Registration is issued.

I, _____, hereby certify that I am the person applying for a Certificate of Registration in the Temporary Class and that all statements on this form are true and complete in every respect. I understand that falsification, misrepresentation or providing misleading information knowingly on this application may result in the cancellation of my application for registration. I declare that I have read and understand the terms, conditions and limitations applicable to all Certificates of Registration in the Temporary Class. If I am granted a Certificate of Registration in the Temporary Class to practise in or for the facility named on this form, I accept the responsibility of ensuring that my practice will be monitored and directed by a member of the College's General or Extended Class and that I will practise in accordance with any terms, conditions and limitations set out in that certificate.

Applicant's Signature

Date (YYYY/MM/DD)

SEPT 2018
2018-107

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SECTION 2

Offer of Employment (to be completed by the prospective employer and returned to the applicant)

Facilty

Site

Mailing Address

Telephone number (extension)

City

Fax number

Province

Postal Code

Email Address

An applicant to the Temporary Class must have a written offer of employment from a facility described below or must be approved by the College. If your facility is described below, **check the appropriate box**. If not, check Other and provide details about your facility. You may be required to provide additional information about your facility to help the College determine if it can be approved.

- ❑ Boards under the *Education Act*
- ❑ Boards of Health under the *Health Protection and Promotion Act*
- ❑ Independent Health Facilities under the *Independent Health Facilities Act*
- ❑ Long-Term Care Homes under the *Long-Term Care Homes Act, 2007*
- ❑ Psychiatric Facilities under the *Mental Health Act*
- ❑ Hospitals under the *Public Hospitals Act*
- ❑ Institutions funded by the Minister of Health and Long-Term Care as Community Health Centres (CHCs), Nurse Practitioner-Led Clinics (NPLCs) or Family Health Teams, and physicians funded by Ministry of Health and Long-Term Care primary care alternate payment plan agreements
- ❑ Agencies, Boards and Commissions as defined by the Government of Ontario
- ❑ Post-secondary educational institutions
- ❑ Other: _____

Full name of nurse you are offering employment

Last name

First name

Category of Nurse: Registered Nurse ❑

Registered Practical Nurse ❑

I, as a representative of the prospective employer named in this form and vested with sufficient authority, hereby certify that all information provided on this form is true, accurate and complete. I have read and understand the terms, conditions and limitations on all Certificates of Registration in the Temporary Class. I further declare that if the applicant named on this form is granted a Certificate of Registration in the Temporary Class to practise in, or for, our facility, we accept the responsibility of ensuring that her or his practice will be monitored and directed by a member of the College's General or Extended Class and that she or he practises in accordance with any terms, conditions and limitations set out in that certificate.

Name

Date

Title

Signature

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