Employment Verification Form - CCA to PN Bridge

Complete all sections of this form. Incomplete forms may delay assessment.
Send completed forms to documents@nscc.ca

Section 1: Applicant Information

Applicant's Name: _____

Place of Employment: _____

If you have more than one employer, submit a separate form for each employer.

Your Health Association of Nova Scotia (HANS) CCA Registry Number: _____

Are you registered under a different name than your applicant name?

If yes, indicate that name: _____

Section 2: Employment Verification

On average, does the applicant work a minimum of 10 hours per week? ☐ Yes ☐ No

If the minimum requirement is met through multiple employers, an additional employer verification form must be submitted.

Section 3: Employer Support Declaration

I confirm that this applicant is an employee as required for admission to the CCA to PN Bridge program at Nova Scotia Community College (NSCC).

Employer/Manager Name: _____

Position Title: _____

Facility Name: _____

Signature: _____ Date: _____

Section 5: Signature - Applicant

I authorize NSCC to verify the information provided. I understand that NSCC may validate this information with the HANS registry or my employer if required.

Applicant Signature: _____ Date: _____