

# VERIFICATION OF WORK EXPERIENCE

as a  
**REGISTERED RESPIRATORY THERAPIST or REGISTERED NURSE**

Applicants to the **Anesthesia Assistant Program** must have completed 2,000 hours work experience [subject to change as per Ministry of Health guidelines] as a **Registered Respiratory Therapist OR Registered Nurse** prior to May 1 and within the last three years. Note: The 2,000 hours of work experience within the last three years must have been completed in critical care areas such as the operating room, intensive care unit (ICU), coronary care unit (CCU) or post-anesthesia care unit (PACU).

This form records the total number of on-the-job work experience hours an applicant has gained with a specific employer. The hours are verified to meet admission requirements. This information must be submitted by May 16. If you have not accumulated the required 2,000 hours by May 1, your application for admission may not be considered. Please print and complete a separate form for each employer.

<b>PART A - Completed By Applicant</b>				
PLEASE <input checked="" type="checkbox"/> CHECK ONE: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs.		LAST NAME	FIRST NAME	MIDDLE NAME
PERMANENT HOME MAILING ADDRESS			FANSHAWE COLLEGE STUDENT NUMBER	
CITY	PROVINCE	POSTAL CODE	ONTARIOCOLLEGES.CA APPLICATION NUMBER	
HOME PHONE NUMBER		WORK PHONE NUMBER	NAME OF EMPLOYER	
E-MAIL ADDRESS			NAME OF SUPERVISOR	
<i>I authorize my employer or former employer to release the requested information to Fanshawe College.</i>				
_____ APPLICANT'S SIGNATURE			_____ DATE	
<b>PART B - Completed By Employer</b>				
NAME OF EMPLOYER		PHONE NUMBER	FAX NUMBER	
MAILING ADDRESS		E-MAIL ADDRESS		
CITY	PROVINCE	POSTAL CODE	APPLICANT'S JOB TITLE	
<b>TOTAL NUMBER OF HOURS OF WORK EXPERIENCE AS A REGISTERED RESPIRATORY THERAPIST OR REGISTERED NURSE</b>				
START DATE mm/dd/yyyy		END DATE mm/dd/yyyy		
<i>With respect to the work experience hours indicated, I hereby verify that the information recorded is accurate.</i>				
_____ EMPLOYER'S SIGNATURE		_____ POSITION TITLE		
_____ PRINT NAME		_____ DATE		
<b>PART C - Instructions to Employer - Please complete, sign and forward this form to:</b>				
Fanshawe College Office of the Registrar, Room E1012 1001 Fanshawe College Boulevard P.O. Box 7005 London, Ontario, Canada N5Y 5R6 Telephone: 519-452-4277 Fax: 519-452-4420		<b>FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</b> Fanshawe College adheres to the Freedom of Information and Protection of Privacy Act. The information collected by Fanshawe College is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, Ontario Regulation 34/03. The information is used for administrative, statistical and safety and security purposes of the college and/or the ministries and agencies of the Government of Ontario and the Government of Canada. Fanshawe College is required to disclose personal information such as Ontario Education Numbers, student characteristics and educational outcomes to the Minister of Training, Colleges and Universities under s. 15 of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, Chapter M. 19 as amended. The ministry collects this data for purposes such as planning, allocating and administering public funding to colleges, universities and other post-secondary educational and training institutions and to conduct research and analysis, including longitudinal studies, and statistical activities conducted by or on behalf of the ministry for purposes that relate to post-secondary education and training. Further information on how the Minister of Training, Colleges and Universities uses this personal information is available on the ministry's website. For further information, please contact the Registrar, Fanshawe College, 1001 Fanshawe College Boulevard, P.O. Box 7005, London, Ontario N5R 5R6.		

