Ontario

Ministry of Health

Tuition Support Program for Nurses – Confirmation of Employment

Instructions

Please return signed copies to:
Primary Health Care Branch
Northern Health Programs
NHP@ontario.ca

Funds provided through the Tuition Support Program for Nurses are subject to federal and provincial income tax.

Personal information contained on this document is collected by virtue of it being necessary for the proper administration of a lawfully authorized activity pursuant to Section 8 of the *Ministry of Health and Long-Term Care Act*, RSO 1990, Chapter M. 26. and, more specifically, for the purpose of establishing eligibility for the Tuition Support Program for Nurses. For information about this collection, please contact Northern Health Programs toll free at 1-866-727–9959 or via email at NHP@ontario.ca.

Confirmation of Employment

This document will confirm an offer and acceptance of employment, as of _____,
Date (yyyy/mm/dd)

Between

_____;
(name of nurse)

And

_____;
(facility)

in

_____.
(town, city)

This document will also confirm as follows:

1. _____ will provide in-person direct patient nursing services at the Facility and in the community set out above.
(name of nurse)

2. _____ will begin providing services on _____ on the following basis _____. This employment will continue until _____. (If permanent employee, please indicate N/A)
(name of nurse) Date (yyyy/mm/dd) (full-time, or regular part-time) Date (yyyy/mm/dd)

3. At each anniversary date after the commencement of _____'s return-of-service, the Chief Nursing Executive (or other authorized representative where there is no such Officer) of the facility in which they are returning service will provide the Ministry, as set out below, written confirmation on the basis of which _____ has practised nursing _____, and the number of hours that they have practised, at the facility in the previous year.
(name of nurse) (full-time or part-time)

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4. This confirmation of employment shall not be amended except by mutual agreement. Any such amendment shall be in writing and signed by the parties.

Signature of Return-of-Service Nurse

Signature	Name (First Name and Last Name)	Date (yyyy/mm/dd)

Signature of Chief Nursing Executive or other Authorized Representative of Facility offering employment

Signature	Name (First Name and Last Name)	Date (yyyy/mm/dd)

Employer Mailing Address

Address (Unit, Street Number, Street Name, Rural Route, PO Box)

City/Town	Province	Postal Code

Email Address

Note

A fully executed copy of this Confirmation of Employment must be submitted to the Minister by each return-of-service nurse in accordance with the terms of the Conditional Application Approval.

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