

**MINISTRY OF HEALTH AND LONG-TERM CARE**

**TUITION SUPPORT PROGRAM for NURSES**

**Confirmation of Employment**

This document will confirm an offer and acceptance of employment, as of \_\_\_\_\_ (date), between:

- \_\_\_\_\_ (name of nurse); AND
- \_\_\_\_\_ (Facility), in
- \_\_\_\_\_ (town, city).

This document will also confirm as follows:

1. \_\_\_\_\_ (name of nurse) will provide nursing services at the Facility and in the community set out above.
2. \_\_\_\_\_ (name of nurse) will begin providing services on \_\_\_\_\_ (day/month/year) on the following basis (full-time, or regular part-time): \_\_\_\_\_,

This employment will continue until \_\_\_\_\_ (day/month/year).

3. At each anniversary date after the commencement of \_\_\_\_\_'s (name of nurse) return-of-service, the Chief Nursing Executive (or some other authorized representative where there is no such Officer) of the facility in which he/she is returning service will provide the Ministry, as set out below, written confirmation of the basis on which \_\_\_\_\_ (name of nurse) has practised nursing (full-time or part-time), and the number of hours that he or she has practised, at the facility in the previous year. Such confirmation shall be sent to the Ministry, as follows:

Ministry of Health and Long-Term Care  
Tuition Support Program for Nurses  
Primary Health Care Team  
Underserviced Area Program  
159 Cedar Street, Suite 402  
Sudbury ON P3E 6A5  
Tel: (705) 564-7280 or 1-866-727-9959  
Fax: (705) 564-7493

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.

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Signature of Return-of-Service Nurse	Print Name	Date
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Signature of Chief Nursing Executive or other Authorized representative of Facility offering employment	Print Name and Title	Date
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Employer mailing address:

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**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.

Personal information contained on this document is collected by virtue of it being necessary for the proper administration of a lawfully authorised activity pursuant to Section 6 of the *Ministry of Health and Long-Term Care Act*, RSO 1990, Chapter M. 26, and, more specifically, for the purpose of establishing, assessing, verifying and monitoring the return-of-service agreement.

**(March 6, 2007)**