Certification of Nursing Practice Hours

Month, date, year

The applicant has two or more years of experience in emergency nursing at our facility (five years from the day before the application submission date: October 1, 2019 to September 30, 2024)

\*1 With a track record of nursing care in the emergency care department (emergency initial treatment, outpatients, wards, intensive care unit, etc., excluding the operating room and the NICU). (The applicant should ideally be currently working in these departments.)

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| --- | --- | --- |
| Full-time | | |
| Employment period | Practice hours | Emergency nursing dept. |
| Ex.: April 2021–Oct. 2022  　　Oct. 2022–Sept. 2024 | 1 year, 6 months  2 years, 0 months | Intensive care unit  Emergency outpatient dept. |

|  |  |  |
| --- | --- | --- |
| Working other than full-time | | |
| Employment period | Practice hours | Emergency nursing dept. |
| Ex.: April 2019–March 2021  Working 6 hours per day, four times a week | 3,456 hours | Intensive care unit |

Please note:

\*1 Enter the employment period during the period under review, using the Western calendar.

\*2 Enter the total employment period during the period under review in the “Nursing practice hours” column.

\*3 If there is a period of leave or resignation (including maternity and child-rearing leave), subtract the relevant period from the total practice hours.

\*4 This certificate affirms that the applicant has carried out two or more years of nursing practice (combination of work at multiple facilities accepted) during the period under review.

\*5 This certificate requires the signature of the certifier/head of the affiliated facility (head nurse or higher-ranked personnel).

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| --- | --- |
| Name |  |

I hereby certify that the given data concerning the above applicant are true and correct.

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| Job title of the certifier |  | |
| Name of the certifier |  | Seal |
| Name of the facility |  | |
| Address | Postal code | |
| Phone |  | |
| Fax |  | |