



Statement of Practice Hours

The health professional college regulations designated under the Health Professions Act each mandate standard minimum work hours to be eligible for registration. Section 5 of the Act requires applicants for registration to be employed for a minimum number of hours in practice over four (4) consecutive years immediately preceding registration. Statement of practice hours is required from all employers within the last 4 calendar years.

Please note: For individuals that are self-employed, hours must be verified by an independent third party. The independent third party could be an account manager, office manager, or auditor.

Section A: Applicant:

Surname Birth / Former Name(s) Given Name(s) Email Address

Applicant Profession

Audiologist (AUD) ☐ Acupuncturist (R.AC) ☐ Medical Radiation Technologist (MRT) ☐ Registered Dental Hygienist (RDH) ☐
Midwife (RM) ☐ Respiratory Therapist (RRT) ☐ Medical Laboratory Technologist (MLT) ☐ Speech Language Pathologist (SLP) ☐

Section B: Employer

(To be completed by the employer or independent third party and forwarded directly to administration@nlchp.ca)

Employer Name: _____

Employer Address: _____

I, _____ (**authorized party**) certify that the following hours are true relating to the employment/practice record of the above stated applicant for the following employment/practice period:

Date of Initial Employment

Date Employment Ended (if applicable)

Hours Practiced (January 1 - December 31)

2022	2023	2024	2025	2026

(Signature of Employer or
Independent Third Party)

(Email Address)

(Date)