

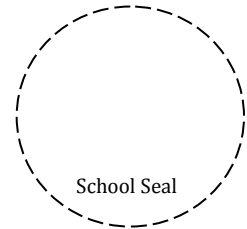


## RECOMMENDATION FORM GRADUATE NURSE PRACTITIONER

**INSTRUCTIONS:** Chair of Nurse Practitioner Program to complete and submit directly to the RNANT/NU.  
- Scan and email (preferred): [info@rnanntnu.ca](mailto:info@rnanntnu.ca)  
- Fax: 1-867-873-2336  
- Mailing Address: P.O. Box 2757, Yellowknife, NT X1A 2R1

I hereby recommend \_\_\_\_\_  
(name in full)  
who completed the program of \_\_\_\_\_  
at \_\_\_\_\_  
on \_\_\_\_\_ DD/MM/YY for eligibility to write the CNPE:F/AA (Canadian Nurse Practitioner Examination: Family/All Ages).

Comments:



By the recommendation, I hereby confirm the above-named student is fit to engage in the practice of nursing and is of good character (see definition below).

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Program Chair/Designate)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Fitness to Practice**

Refers to all the qualities and capabilities of an individual relevant to their capacity to practice as a registered nurse, including but not limited to, freedom from any (i) cognitive, (ii) physical, (iii) psychological, (iv) emotional condition, or (v) dependence on alcohol or drugs impairing her or his ability to practice nursing (CNA).

### **Good Character**

Refers to the moral and ethical qualities expected by the public of a professional nurse. Examples of such qualities include: integrity, trustworthiness, commitment to caring for others, honesty, accountability, reliability, ability to distinguish right and wrong, avoidance of aggression to self and others, and taking responsibility for one's own actions (Commonwealth of Massachusetts, 2010).