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P.O Box 2757, Yellowknife, NT X1A 2R1

**FORM A (1)- EMPLOYER REFERENCE FORM**

- For *initial registration*: Two employer references are required if you have had more than one employer within the last 5 years.
- For *reinstatement of registration*: One employer reference is required from your most recent employer.
- For a *change of status from Temporary Certificate to active RN or NP*: One employer reference is required.

**PART A: EMPLOYEE INFORMATION:** Applicant to complete Part A and forward to employer for completion of Part B.

Name: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_

Employer/Agency: \_\_\_\_\_ Unit: \_\_\_\_\_

Address: \_\_\_\_\_ Position Title: \_\_\_\_\_

*I hereby give my present and /or previous employer consent to provide all information in their possession to the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) regarding my hours and competency in nursing practice for the sole purpose of assessing eligibility for licensure as a Registered Nurse and /or Nurse Practitioner with the RNANT/NU.*

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

**PART B: EMPLOYER REFERENCE:** Employer (e.g., Manager, Supervisor, and / or Human Resources Department) to complete Part B and return directly to the RNANT/NU.

1. Professional Competency:

	Satisfactory	Unsatisfactory
i. Nursing knowledge and skills	_____	_____
ii. Clinical decision-making	_____	_____
iii. Responsibility and accountability	_____	_____
iv. Ethical conduct	_____	_____
v. Patient and interpersonal relationships	_____	_____



2. Do you know of any reason (personal, health, or other) why this person may not be fit to engage in the practice of nursing as a Registered Nurse or Nurse Practitioner? *(if yes, please provide/attach information/details)*  No  Yes
3. Would you recommend the applicant for registration in the NT/NU implying that he/she is a safe, competent practitioner? *(if no, please provide/attach information/details)*  No  Yes
4. What was the primary language in the applicant's work setting?  English  French
5. Is this reference based on knowledge of either of the following?  
 i. Personal  No  Yes  
 ii. Evaluation of personnel file  No  Yes
6. Additional comments:

I hereby certify the information provided in this reference is true and complete.

RN  NP  Other: \_\_\_\_\_

_____	_____	_____
Print Name in full	Signature	Title/Position/Designation
_____	_____	_____
Employer/Agency	Phone Number	Date