



Phone: (867) 873-2745 / Fax: (867) 873-2336 / Email: [info@rnantnu.ca](mailto:info@rnantnu.ca)  
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