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## FORM B - COLLEAGUE REFERENCE FORM

➤ <u>Instructions</u>: A Colleague reference (RN or NP colleague) is required if the applicant has less than 5 years' work experience as a nurse (RN/NP) and has had only one employer, or if the applicant is self-employed as an RN or NP. This reference must be provided by a colleague who you have worked with within the last 5 years, and for a minimum of 2 years.

PART A: APPLICANT INFORMATION: Applicant to complete Part A and forward to the individual providing a colleague reference for completion of Part B. Previous Name(s): Employer/Agency: \_\_\_\_\_ Unit: \_\_\_\_\_ Position Title: Address: — \_\_\_\_ my consent to provide the RNANT/NU I hereby give \_\_\_\_\_ with the answers to the questions below for the sole purpose of assessing my registration eligibility. Date: \_\_\_\_\_ PART B: COLLEAGUE REFERENCE: Colleague/Co-Worker 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 Patient and interpersonal relationships ٧. I have known the applicant in the capacity of a colleague for years. From year to 2.

year\_\_\_\_\_.



3.	In what capaci	ty/area of nursi	ng did you work with the a	pplicant?				
4.	Please provide	observations o	f applicant's character and	reputation:				
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_								
_								
_								
5.	Do you know person may Registered N provide/atto	•		No		Yes		
6	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
7	. What was th	ne primary langu	uage in the applicant's work	k setting?		English		French
8		ng nursing care in English ( documentation)?	verbal		No		Yes	
9	O. Are you a relative by birth or marriage of the applicant?					No		Yes
hereb	y certify the in	formation provi	ded in this reference is true	e and complete				
	] RN	□ N	Р					
Print Name in full			Signature	Title/Po	osition/	Designation	-	
Employer/Agency			Phone Number		Date		-	