



Registered Nurses Association of the Northwest Territories and Nunavut

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

FORM A – EMPLOYER REFERENCE FORM

For initial registration: Two employer references are required if you 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 any and 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 to complete Part B and return directly to the RNANT/NU.
- This form should be completed by the Employer (e.g., Manager, Supervisor, Human Resources Department).

1. Hours of Nursing Practice Within Last 5 Years:

Circle One:

Date: YEAR	2016	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: YEAR	2015	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: YEAR	2014	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: YEAR	2013	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: YEAR	2012	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			

2. Professional Competency:

	Satisfactory	Unsatisfactory
Nursing knowledge and skills	_____	_____
Clinical decision-making	_____	_____
Responsibility and accountability	_____	_____
Ethical conduct	_____	_____
Patient and interpersonal relationships	_____	_____

3. 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 specify in a separate letter) No Yes
4. Would you recommend the applicant for registration in the NT/NU implying that he/she is a safe, competent practitioner? No Yes
5. Is/was English the primary language in the applicant's work setting? No Yes
6. Is/was the applicant providing nursing care in English (verbal communication and written documentation)? No Yes
7. Is this reference based on:
- | | | |
|--|-------------------------------|--|
| | Personal knowledge? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | Evaluation of personnel file? | <input type="checkbox"/> No <input type="checkbox"/> Yes |

8. Additional Comments:

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

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