



FORM B – COLLEAGUE REFERENCE FORM

Instructions: A Colleague Reference (RN or NP colleague/co-worker) 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 not be a current employee of the RNANT/NU. **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 them with a colleague reference for completion of Part B.

Name: _____ Previous Name(s): _____
 Address: _____ City: _____
 Prov./Territory _____ Postal Code: _____

I hereby give _____ my consent to provide the RNANT/NU with the answers to the questions below for the sole purpose of assessing my registration eligibility.
Reference's name

Signature: _____ Date: _____

Part B: COLLEAGUE REFERENCE - Colleague/Co-worker to complete Part B and return directly to the RNANT/NU.

- Scan and email (preferred): info@rnantnu.ca
- Fax: 1-867-873-2336
- Mailing Address: P.O Box 2757 Yellowknife, NT X1A 2R1

1. Professional Competency:

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

2. I have known the applicant in the capacity of a colleague for _____ years.

3. What is your relationship with the Applicant? _____

4. Please provide observations of Applicant's character and reputation:

5. 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
6. Would you recommend the applicant for registration in the NT/NU implying that he/she is a safe, competent practitioner? No Yes
7. Is/was English the primary language in the applicant's work setting? No Yes
8. Is/was the applicant providing nursing care in English (verbal communication and written documentation)? No Yes
9. Are you a relative by birth or marriage of the applicant? No Yes

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

Print Name in Full

Signature

Date

Occupation

Designation

Phone Number