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FORM C - INSTRUCTOR REFERENCE FORM

- **Instructions:** An Instructor reference is required for a nursing or nursing practitioner graduate who has not worked since graduation. This reference form must be completed by a nursing faculty member from the applicant’s school of nursing who can recommend the applicant based on their theoretical, and clinical performance as a nursing or nurse practitioner student.

PART A: APPLICANT INFORMATION: Applicant to complete Part A and forward to their nursing faculty member for completion of Part B.

Name: _____ Previous Name(s): _____

Address: _____ Unit: _____

Prov./Territory: _____ Position Title: _____

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.

Signature: _____ Date: _____

PART B: CHARACTER REFERENCE: Nursing faculty member 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. I have known the applicant in the capacity of an instructor for _____ years. From year _____ to year _____ .



3. Please provide observations of applicant's character and fitness to practice:

4. 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
5. 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
6. Is/was the applicant providing nursing care in English (verbal communication and written documentation)? No Yes
7. 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.

RPN RN NP

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