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

RECOMMENDATION FORM GRADUATE NURSE PRACTITIONER

INSTRUCTIONS: Chair of Nurse Practitioner Program to complete and submit directly to RNANT/NU.

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

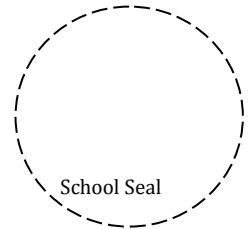
I hereby recommend _____
(name in full)

who completed the program of _____

at _____

on _____
DD/MM/YY

Comments:



By the recommendation, I hereby confirm the above-named student is fit to engage in the practice of nursing and is of good character (see definition below).

Name: _____ Title: _____
(Program Chair/Designate)

Signature: _____ Date: _____

Fitness to Practice

Refers to all the qualities and capabilities of an individual relevant to their capacity to practice as a registered nurse, including but not limited to, freedom from any (i) cognitive, (ii) physical, (iii) psychological, (iv) emotional condition, or (v) dependence on alcohol or drugs impairing her or his ability to practice nursing (CNA).

Good Character

Refers to the moral and ethical qualities expected by the public of a professional nurse. Examples of such qualities include: integrity, trustworthiness, commitment to caring for others, honesty, accountability, reliability, ability to distinguish right and wrong, avoidance of aggression to self and others, and taking responsibility for one's own actions (Commonwealth of Massachusetts, 2010).