



Phone: (867) 873-2745 / Fax: (867) 873-2336 / Email: info@rnantnu.ca
P.O Box 2757, Yellowknife, NT X1A 2R1

FORM A (1)- EMPLOYER REFERENCE FORM

- For initial registration: Two employer references are required if you have 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 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 RNANT/NU.

Signature: _____ Date: _____

PART B: EMPLOYER REFERENCE: Employer (e.g., Manager, Supervisor, and / or Human Resources Department) 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. 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
- 3. 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
- 4. What was the primary language in the applicant's work setting? English French
- 5. Is this reference based on knowledge of either of the following?
 - i. Personal No Yes
 - ii. Evaluation of personnel file No Yes
- 6. Additional comments:

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

Referee's position/title:

- RN
- NP
- Other: _____

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

** If the organization is unable to provide a reference due to policy, please attach a letter or the policy to this form. Please email to info@rnanntnu.ca