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FORM B - COLLEAGUE REFERENCE FORM

- **Instructions:** A Colleague reference (RN or NP colleague) 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 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 a colleague reference for completion of Part B.

Name: _____ Previous Name(s): _____

Employer/Agency: _____ Unit: _____

Address: _____ Position Title: _____

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

Signature: _____ Date: _____

PART B: COLLEAGUE REFERENCE: Colleague/Co-Worker to complete Part B and return directly to 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 a colleague for _____ years. From year _____ to year _____ .



3. In what capacity/area of nursing did you work 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 provide/attach information/details)* No Yes

6. 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

7. What was the primary language in the applicant's work setting? English French

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.

Referee's position/title:

RN NP

Print Name in full

Signature

Title/Position/Designation

Employer/Agency

Phone Number

Date