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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: APPLICANT INFORMATION:

Applicant to complete Part A and forward to the employer for completion of Part B.

If information in Part A is not completed fully by the applicant, the form will not be accepted.

Name: _____ Previous Name(s): _____

Name of Employer Institution providing the reference: _____

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 registration as a Registered Nurse and /or Nurse Practitioner with RNANT/NU.

Signature: _____ Date: _____

Digital or written signatures only



PART B: EMPLOYER REFERENCE

Employer (e.g., Manager, Supervisor, and/or Human Resources Department) to complete Part B and return the form directly to RNANT/NU (info@rnantnu.ca).

1. Professional Competency:

	Satisfactory	Unsatisfactory
i. Nursing knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>
ii. Clinical decision-making	<input type="checkbox"/>	<input type="checkbox"/>
iii. Responsibility and accountability	<input type="checkbox"/>	<input type="checkbox"/>
iv. Ethical conduct	<input type="checkbox"/>	<input type="checkbox"/>
v. Patient and interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>

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 attesting that they are 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 (worked directly with the applicant) Personal
ii. Evaluation of personnel file Evaluation on File

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 Employer/Agency is unable to provide a reference due to policy, please attach a letter or the policy to this form. Please email to registrar@rnanntnu.ca ****