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Form G (1) - CONFIRMATION OF PROGRAM COMPLETION

Applicant to complete Part A and forward to the Director of their School of Nursing or designate

PART A

Name (Print)

Date

Signature

PART B

To be completed by the Director of the applicant's School of Nursing or designate and forwarded directly to RNANT/NU.

I confirm that _____ completed the requirements of the nursing education program on _____.

This applicant is: (Check only one)

Is eligible to graduate

Graduated on _____

School of Nursing _____

City _____

Province/Territory _____

Name (Print) _____

Position Title _____

Signature _____

Date _____

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

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/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, 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).