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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 info@rntnu.ca ****