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**FORM B - COLLEAGUE REFERENCE FORM**

- **Instructions:** A Colleague reference (RN, NP, RPN OR LPN colleague) is required if the applicant has less than 5 years’ work experience as a nurse (RN/NP/RPN/LPN )and has had only one employer, or if the applicant is self-employed as an RN/NP/RPN/LPN 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 CANNN 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 CANNN](#)

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:

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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)*

Yes                      No

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)?

Yes                      No

9. Are you a relative by birth or marriage of the applicant?

Yes                      No

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