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P.O Box 2757, Yellowknife, NT X1A 2R1

**FORM C - INSTRUCTOR REFERENCE FORM**

- **Instructions:** An Instructor reference is required for a nursing graduate (RN, NP, RPN, LPN) who has not worked since graduation or has graduated within the previous two years. This reference form must be completed by a nursing faculty member from the applicant’s school of nursing who can recommend the applicant based on their theoretical, and clinical performance as a nursing or nurse practitioner student.

**PART A: APPLICANT INFORMATION:** Applicant to complete Part A and forward to their nursing faculty member for completion of Part B.

Name: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

Prov./Territory: \_\_\_\_\_ Position Title: \_\_\_\_\_

*I hereby give \_\_\_\_\_ my consent to provide the CANNN with the answers to the questions below for the sole purpose of assessing my registration eligibility.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B: CHARACTER REFERENCE:** Nursing faculty member 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 an instructor for \_\_\_\_\_ years. From year \_\_\_\_\_ to year \_\_\_\_\_ .



3. Please provide observations of applicant’s character and fitness to practice:

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4. Do you know of any reason (personal, health, or other) why this person may not be fit to engage in the practice of nursing *(if yes, please provide/attach information/details)*

 No Yes

5. 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

6. Is/was the applicant providing nursing care in English (verbal communication and written documentation)?

 No Yes

7. 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

RPN

LPN

Other: \_\_\_\_\_

\_\_\_\_\_  
Print Name in full

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position/Designation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date