



Phone: (867) 873-2745 / Fax: (867) 873-2336 / Email: info@rnanntnu.ca
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 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:

- | | | |
|--|----|-----|
| 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 <i>(if yes, please provide/attach information/details)</i> | No | Yes |
| 5. Would you recommend the applicant for registration in the NT/NU implying that he/she is a safe, competent practitioner? <i>(if no, please provide/attach information/details)</i> | 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