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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

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**PART B**

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

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).