Yukon Registered Nurses Association

EMPLOYER REFERENCE

A► *EMPLOYEE INFORMATION*

To be completed by applicant and forwarded to current or most recent nursing employer.

Full Name: _____ Former Name(s) _____

Address: _____

Employer: _____ Position: _____

B► *EMPLOYER REFERENCE*

To be completed by employee's Supervisor/Employer and based on a minimum of 225 nursing hours worked by the applicant. Please be advised this form is regarded as confidential, however, in exceptional circumstances this document may be disclosed to the above applicant.

1. Dates employed: From _____ to _____ Total hours _____

Employment Status: **[ ]** Full time **[ ]** Part-time **[ ]** Casual

2. Professional Competency:

	Satisfactory	Unsatisfactory
Nursing knowledge and skills	**[ ]**	**[ ]**
Clinical decision-making	**[ ]**	**[ ]**
Responsibility and accountability	**[ ]**	**[ ]**
Ethical conduct	**[ ]**	**[ ]**
Patient and interpersonal relationships	**[ ]**	**[ ]**

3. Do you know of any reason (personal, health or other) why this person may not be fit to engage in the practice of nursing? **[ ]** Yes **[ ]** No

Please specify: _____

_____

4. Would you re-employ this person? **[ ]** Yes **[ ]** No

Why / why not? _____

_____

5. Would you recommend the applicant for registration in the Yukon implying that he/she is a safe, competent practitioner? **[ ]** Yes **[ ]** No

6. If this person's first language is not English, is his/her English fluency (written and spoken) adequate for practice in English?

Comments: _____ **[ ]** N/A **[ ]** Yes **[ ]** No

7. Is this reference based on: personal knowledge? **[ ]** Yes **[ ]** No

evaluation of personnel file? **[ ]** Yes **[ ]** No

8. Additional comments (please use reverse side if more space required):

I hereby certify that the information given is true and complete.

Signature	Title	Date
Printed Name in Full	Agency/Employer	Phone Number

THIS REFERENCE MUST BE MAILED DIRECTLY TO YRNA BY THE EMPLOYER.

The form may be faxed to expedite the registration process BUT THE ORIGINAL MUST FOLLOW BY MAIL.

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