

Registered Nurses Association of the Northwest Territories and Nunavut

Character Reference Request Form – School of Nursing Graduates

Instructions:

Occupation

A Character Reference is required for a nursing or nurse practitioner graduate who has not worked since graduation. This form must be completed by a nursing faculty member (nursing instructor) 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. This reference must not be a current employee of the RNANT/NU.

	oplicant Information complete and forward	on ard to Character Reference			
Name	e Previous name (if applicable e.g. maiden name)				
Address					
	Street	City	Prov/Territory	Postal Code	
I hereby giv	e Reference's name	my consent to provide	RNANT/NU with the answe	rs to the questions below	
for the sole		g my registration eligibility.			
Signature _		Date			
Instructions Scan and em Fax: 867-87 Mail address 1. I have po 2. What is	nail (Preferred) in 173-2336 Ph: 867-85: PO Box 2757 Yellow ersonally known the your relationship with the 1869 Ph. 1869	ence to complete Part B and <u>r</u> nfo@rnantnu.ca		T/NU.	
-	know of any reason ((personal, health or other) wh	ny this person may not be fit		
	_	e or Nurse Practitioner? (If ye	s, please specify in separate	letter.) □ Yes □No	
5. Are you	a relative by birth o	r marriage of the applicant?		□ Yes □No	
I hereby cei	rtify that the informa	ation given above is true and	complete.		
Signature		Print name in	full Day/M	Month/Year	

Title

Phone number