

**PHCNP NURSING PRACTICE LETTER OF RECOMMENDATION**

Last Name of Applicant	First and Middle Name (s)
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- Please note that your information is confidential and is not to be/will not be released to the applicant.
- This Letter of Recommendation form must be completed and submitted electronically. Along with submitting the electronic reference form, you have the ability to attach a personalized Letter of Support.
- If your institution or organization is located outside Canada, then you are required to also attach a personalized Letter of Support on the official letterhead of your institution or organization, in which you refer to and confirm the contents of this form.
- Knowledge of Applicant:** In what capacity and for how long have you know the applicant (e.g., as teacher, supervisor, employer)? I was the applicant's \_\_\_\_\_ for \_\_\_\_\_ years and/or \_\_\_\_\_ months between the year \_\_\_\_\_ and \_\_\_\_\_.
- Specific Attributes:** For each category check the appropriate box. We are interested in the applicant's nursing practice ability, scholarly promise, and ability to successfully complete an intensive clinical program of study. The comparison group should be applicants at a comparable stage in their nursing practice career.

Attribute	Outstanding Upper 5%	Superior Upper 15%	Good Upper 25%	Average Upper 50%	Marginal Lower 50%	Unable to Assess
Nursing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Directedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Manage & Work Under Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn New Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Compared to others I have recommended, I would rank this candidate for the PHCNP program:

**Top 2%**

**3-10%**

**11-20%**

**21-30%**

**31-50%**

**Below 50%**

7. In the space below, please comment on the applicant's practice strengths, weaknesses and potential for meeting the demands of the PHCNP program. We strongly encourage to you to attach an additional letter.

SAMPLE

8. Referee Information

Referee Last Name		Referee Given Name(s)	
Institution	Position	Department	
Address			City
Province/State	Country	Postal or Mailing Code	Telephone Number
E-mail Address		FAX	Date YYYY/MM/DD