



EMPLOYER REFERENCE

- CARNA requires a reference from **your current employer**.
- If you do not have a current employer, CARNA requires a reference from your most recent employer.
- Upon review of the completed reference, CARNA may require reference(s) from additional current or previous employers.
- References are to be completed by your immediate **supervisor or manager who is a Registered Nurse, Nurse Practitioner, or Physician**.
- If you do not have an **RN/NP/ Physician** supervisor or manager, contact CARNA for direction.

Applicant Instructions

1. Complete the personal information on this page
2. Sign the consent section
3. Forward this form to your immediate supervisor/manager. Request the supervisor/manager to:
 - a. complete the form
 - b. send the form directly to CARNA

**Reference forms must come directly to CARNA from the employer.
Reference forms are not to be returned by the applicant.**

1. Personal Information

Given or First Name	Middle or Second Name	Last Name or Family Name	Previous Name(s)
Date of Birth (day / month / year)			
Address (include apartment or suite number)		City	
Province/State/Territory	Country	Postal Code	
Home phone	Cell/Mobile phone	Email	

2. Consent

I hereby give consent to my present or past employer to fully complete the employer portion of this form concerning my competency to practice nursing for the purpose of assessing my eligibility for registration and a practice permit in Alberta.

Signature of Applicant

Date

TO BE COMPLETED BY EMPLOYER ONLY

Employer Instructions

- References must be **completed by the direct RN/NP/ Physician supervisor/ manager.** (If there is no direct RN/NP/ Physician supervisor/ manager, contact CARNA.)
- The content of the completed reference form **may be shared with the subject** of the reference.
- Please answer all questions. **Do not leave any information fields blank.** If you are not able to fully complete this reference, please notify the subject.
- **Return directly to CARNA.** The delivery method (email/mail/fax) must clearly show the reference was sent by the employer.

Employee _____ was employed by _____
First name Middle name Last name Other names

Employer _____
Provide name of nursing unit or facility

Address _____
City Province

1. Employed as: GN RN GNP NP

2. Start Date: ____/____/____
dd mm yyyy

3. End Date: ____/____/____
dd mm yyyy

4. Still employed: Yes No

5. Employee in good standing? Yes No

6. Total hours worked in past 5 years, **excluding orientation.** _____

Please answer all items.

- Use the comments section to provide additional information. You may attach additional pages as needed.
- If you choose **No or Unable to verify (UTV*)** for any item, CARNA requires explanation in the comments section.

I verify that the above-named individual practices safely according to these CARNA Nursing Practice Standards:

1. The applicant is personally responsible and accountable for ensuring that her/his nursing practice and conduct meet the standards of the profession and legislative requirements. Yes No UTV*
2. The applicant continually acquires and applies knowledge and skills to provide competent, evidence- informed nursing care and service. Yes No UTV*
3. The applicant complies with the Code of Ethics adopted by the registered nursing regulatory body. Yes No UTV*
4. The applicant provides safe, competent and ethical nursing care and service in the best interest of the public. Yes No UTV*
5. The applicant fulfills the professional obligations related to self-regulation. Yes No UTV*

By recommending this individual for a practice permit, you are attesting to their professional competence and good character. Do you recommend the applicant for a CARNA practice permit? Yes No UTV*

Please comment:

Supervisor / Manager:

Signature

Full Name (as per regulatory body)

Title/Position with above named employer

Registration # **REQUIRED** Date form signed

Email

Current Phone Number