



Steps to Follow

1. As an applicant for admission, you must identify a referee who can provide information on your clinical background and competency. This individual must complete this form and send it to the **Academic Office of the Faculty of Health Sciences** by email at healthsc@uottawa.ca before **February 1**. The referee must return the form using a professional email address (Hotmail, Gmail, etc. will not be accepted).
2. Write your name in the first field ***Name of applicant** before sending it to your referee. Please seek referees who can best speak to the clinical skills and aptitudes you possess that would make you a good nurse practitioner.

***Name of applicant :** _____

Name of referee : _____

What is your relationship with the applicant? Employer Clinical instructor Other (specify)

How well do you know the applicant? Very well Well Fairly well Slightly

How many years have you known the applicant? _____

How would you rank this person compared with other nurses you know in a similar position?

	Superior	Very good	Good	Fair	Poor	Unknown
Clinical Assessment skills	<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"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of nursing science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of primary health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy	<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"/>
Overall impression of candidate's clinical abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a primary health care nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What strengths would this individual bring to the role of primary health care nurse practitioner? (Please be specific)

In which areas do you think the individual needs to improve? (Please be specific)

Additional comments:

Your name (please print) : _____

Phone number, where you can be reached during the day : () _____

Your title : _____

Company / Institution : _____

Signature : _____ **Date (DD/MM/YY):** _____