## **Clinical Reference Form**

Primary Health Care Nurse Practitioner Program

## Steps to follow

- 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 <a href="healthsc@uOttawa.ca">healthsc@uOttawa.ca</a> 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				
			OL INIIOAL	OTHER			
What is your relationship with the applicant?	EMPLOYER		CLINICAL INSTRUCTOR	OTHER (SPECIFY)			
			INSTRUCTOR	(SPECIFT)			
How well do you know the applicant?	VERY WELL	WELL	FAIRLY WELL	SLIGHTLY			
How well do you know the applicant?	VERT WELL	VVELL	FAIRLT WELL	SLIGHTLI			
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		Critical thinking			
Problem-solving skills		Knowledge of nursing science			
Knowledge of primary health care		Leadership skills			
Ability to work with others		Interpersonal skills			
Work habits		Self-confidence			
Empathy		Ability to learn new skills			
Overall impression of candidate's clinical abilities		Potential as a primary health care nurse			

## **Faculty of Health Sciences**

125 University Private, Room 232, Ottawa ON, K1N 6N5

Email: healthsc@uOttawa.ca



What strengths would this individual bring to th	e role of primary hea	alth care nurse	
practitioner? (Please be specific)			
In which areas do you think the individual needs	s to improve? (Pleas	e be specific)	
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Additional comments:			
Additional definitions.			
YOUR NAME (PLEASE PRINT):		PHONE NUMBER, WHERE	
100K(10 till) (1 EE 102 ).		YOU CAN BE REACHED DURING THE DAY	
YOUR TITLE:	00		
TOUR TILE.		MPANY / INSTITUTION:	
SIGNATURE			DATE
SIGNATURE			DATE

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