

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 fhs.academic.office@uOttawa.ca before **February 1**. The referee must return the form using a professional email address (Hotmail, Gmail, etc. will not be accepted).
- 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						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

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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

YEAR MONTH DAY

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