



Registrar, Licensed Practical Nurses  
 Government of the Northwest Territories  
 Department of Health and Social Services  
 8<sup>th</sup> Floor, Centre Square Tower  
 BOX 1320, 5022 – 49 ST  
 YELLOWKNIFE NT X1A 2L9  
 Phone: (867) 920-3323 Fax: (867) 873-0484

### Verification of Experience/Reference Report

**Applicant:** Complete top portion and send to two most recent employers. Only one reference is needed if you have had only one employer in the last five years.

Name: \_\_\_\_\_  
SURNAME                      GIVEN NAMES                      (FORMER NAME, IF APPLICABLE)

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Position: \_\_\_\_\_

I authorize you to complete and forward this verification DIRECTLY to the Registrar.

Present address \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer:** This information is confidential. It should be completed by the Supervisor / Employer. Send directly to NWT Registrar at the address above. It may be faxed, but **ensure original is mailed promptly.**

Employed from: _____ to _____	Hours Worked _____ Yr. _____
<small>(date)                      (date)</small>	Hours Worked _____ Yr. _____
Employment Status:    Full-Time <input type="checkbox"/>	Hours Worked _____ Yr. _____
Part-Time <input type="checkbox"/>	Hours Worked _____ Yr. _____
Casual <input type="checkbox"/>	Hours Worked _____ Yr. _____

Professional Competency:	Satisfactory	Unsatisfactory
Nursing ability/skills	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/accountability	<input type="checkbox"/>	<input type="checkbox"/>
Ethical conduct	<input type="checkbox"/>	<input type="checkbox"/>
Patient/interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of any problems regarding the applicant's physical or mental health or of any alcohol or drug problems? No  Yes  If yes, provide explanation.  
 \_\_\_\_\_

Are you aware of any complaints regarding the applicant from either patients or co-workers?  
 No  Yes  If yes, provide explanation. \_\_\_\_\_

Have you any additional information with respect to applicant's professional or ethical conduct that may affect their application for registration? No  Yes  If yes, provide explanation.  
 \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Print Name in Full

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone Number