

Queen’s University

Applicants are required to identify one (1) referee who could provide information on your clinical background and competency, and have this individual submit this form on or before February 1. You should fill in your name and also complete the address on an envelope and affix postage (if necessary), so that it may be returned to you, sealed and signed across the back flap of the envelope. Alternatively, your referee may submit the form directly to [grad.nursing@queensu.ca](mailto:grad.nursing@queensu.ca) from their institutional email address. Please seek a referee who can best speak to your clinical skills and aptitude to be a nurse practitioner, such as clinical supervisors or directors.

Name of Candidate: \_\_\_\_\_

Name of Referee: \_\_\_\_\_

Relationship to the Candidate

- Employer       Instructor       Other (specify) \_\_\_\_\_

How well do you know the candidate?  Very Well     Fairly Well     Slightly     Not Well

For how many years? \_\_\_\_\_

Compared to other nurses you know in a similar position, how would you rank this person:

	Superior	Very Good	Good	Fair	Poor	Unknown
Assessment Skills						
Critical thinking						
Problem solving skills						
Knowledge of nursing science						
Interpersonal skills						
Ability to work with others						
Leadership skills						
Self-confidence						
Empathy						
Work habits						
Technical skills						
Your overall impression of candidate’s clinical abilities						
Potential to be a Primary Health Care Nurse Practitioner						

What strengths would this individual bring to a Primary Health Care Nurse Practitioner role? (Please be specific)

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What areas would you see as needing improvement? (Please be specific)

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OTHER COMMENTS:

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Name (Print):

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Day time phone number:

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Position (title):

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Company/Institution:

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Signature:

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Date:

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