



# Nurse Practitioner Program Clinical Reference Form

Applicants must identify a referee who can provide information on your clinical background and competency. Provide this form to your referee and have them submit the form directly to [grad.nursing@queensu.ca](mailto:grad.nursing@queensu.ca) from their professional email address by **February 1**. Please seek a referee who can best speak to your clinical skills and aptitude to be a Nurse Practitioner, such as clinical supervisors or managers.

**Name of Applicant:**

**Name of Referee:**

**Relationship:**      Employer                      Instructor                      Other:

**How well do you know the applicant?**                      Very Well      Well      Slightly      Not Well

**How many years have you known the applicant?**

**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						
Overall Impression of Clinical Abilities						
Potential to be a Nurse Practitioner						

**What strengths would this individual bring to a Nurse Practitioner role? Please be specific.**

**What areas do you see as needing improvement? Please be specific.**

**Other Comments** – Referees may attach a supporting letter

**REFEREE INFORMATION**

**Name:**

**Title / Position:**

**Institution & Dept.:**

**Institution Address (City, Province/State, Country):**

**Email:**

**Phone:**

**Signature:**

**Date:**