



English Language Proficiency (Canada): International Employer Reference Form

Collection of Personal Information

Please review CRNM's Privacy Policy (<https://www.crnmb.ca/the-college/privacy-policy/>) to understand how your personal information will be used.

How to complete this form

Step 1: The applicant must complete Section A in its entirety.

Step 2: The employer must complete Section B in its entirety.

SECTION A: INSTRUCTIONS FOR APPLICANT

1. Please complete all three parts of Section A of this form.
2. Once completed, send this form **directly** to your **employer where you worked as a nurse before arriving in Canada**.

This form is to be completed and returned **directly** to the College of Registered Nurses of Manitoba ("the College") in Canada by:

A regulated health care professional who has **directly supervised your nursing practice** in an accredited health care facility **outside of Canada** within the last two (2) years.

1. APPLICANT INFORMATION

First Name:

Last Name:

CRNM Applicant ID Number:

Date of Birth:

2. EMPLOYMENT INFORMATION

Job Title

Date of Employment

From

To (last shift worked)

Facility Name

Employer Address

City/Town

Province/State

Country

Postal/Zip Code

Supervisor Name

Title

Telephone

Email

3. DECLARATION & CONSENT

I declare the information I have provided on this form is true and accurate.

I give consent to all current and previous employers to release information regarding my English Language Proficiency to the College of Registered Nurses of Manitoba to be used solely for the purpose of assessing English proficiency.

Applicant Signature

Date

SECTION B: INSTRUCTIONS FOR INTERNATIONAL EMPLOYER/SUPERVISOR

1. Please complete all three parts of Section B of this form.
2. Once completed, please sign, date and email this form **directly** to the College of Registered Nurses of Manitoba (“the College”) to: registration@crnm.mb.ca

1. EMPLOYMENT INFORMATION

The individual/applicant above has indicated they are proficient in the English language and indicated they worked in English with your organization.

By completing this form, you are attesting to the applicant's demonstrated proficiency in English in the practice setting as a registered nurse that involved direct communication with patients, families, and members of the health care team. Please base your responses on your observations of the applicant while providing health care services as a registered nurse.

____ By initializing here, I *confirm* that within the last two years, I am/was the applicant's direct supervisor and I directly observed frequent examples of the applicant's interactions, both verbal and in writing, with patients, families, and members of the health care team, and I am most familiar with the applicant's practice as a registered nurse.

Applicant's Dates of Employment:

From _____ To _____

_____ Full-time (30 hours or more/week)

_____ Part time (less than 30 hours/week)

_____ Casual (As needed)

Hours worked in the previous two years: _____

Applicant's Job Title

Department/s

Language spoken in the workplace

Language used for documentation

2. EMPLOYER ASSESSMENT OF ENGLISH LANGUAGE PROFICIENCY

NOTE: Competent communication in the English language is required in:

- Contexts that are both moderately demanding (familiar, low-risk situations) and demanding (high-stakes situations where communication can have significant consequences)
- Circumstances that are both predictable (routine and familiar) and unpredictable (variable and changeable social, educational, and work-related situations)
- Interactions that require the use of a variety of communication methodologies (in person, phone, email, written correspondence)
- Both formal and informal situations (conversations, meetings, work-related interactions)

READING

Please attest to the applicant's ability to **READ** and comprehend English, examples of which include but are not limited to:

- Read and demonstrate comprehension of policies, procedures, regulations, practice standards, forms, etc.
- Research and comprehend information and apply it in the practice setting
- Read and understand written communication and instructions from a supervisor or other health care provider
- Read and interpret practice-based communication, including charts, tables, schedules, shift reports, etc.

____ By initializing here, I *confirm* the applicant has demonstrated an overall ability to read and understand English proficiently.

____ By initializing here, I *am unable to confirm* the applicant has demonstrated an overall ability to read and understand English proficiently.

Please use the space below for any comments or concerns.

WRITING

Please attest to the applicant's ability to **WRITE** in English, examples of which include but are not limited to:

- Document care and communication related to policies, procedures, practice standards, etc.
- Document communication, such as instructions, that can be understood and used by others
- Take notes during a conversation, presentation, etc. and summarize in writing for use by others
- Complete understandable written communication including shift reports, forms, etc.

____ By initializing here, I *confirm* the applicant has demonstrated an overall ability to write in English proficiently.

____ By initializing here, I *am unable to confirm* the applicant has demonstrated an overall ability to write in English proficiently.

Please use the space below for any comments or concerns.

LISTENING AND UNDERSTANDING

Please attest to the applicant’s ability to **LISTEN** and comprehend English, examples of which include but are not limited to:

- Listen and understand patient concerns and/or requests and respond appropriately
- Comprehend verbal communication, such as multi-step complex directions from another health care provider, and respond accordingly
- Listen, understand, and apply health care specific verbal orders document appropriately
- Listen to colleagues to identify conflict in a team

____ By initializing here, I *confirm* the applicant has demonstrated an overall ability to listen in English proficiently.

____ By initializing here, I *am unable to confirm* the applicant has demonstrated an overall ability to listen in English proficiently.

Please use the space below for any comments or concerns.

SPEAKING

Please attest to the applicant’s ability to **SPEAK** English, examples of which include but are not limited to:

- Speak and verbally respond to patient requests in a way that patients understand
- Communicate clearly to solve problems
- Clearly explain problems verbally and present a potential solution
- Respond appropriately to instructions from a colleague, supervisor, or other health care provider
- Clearly communicate practice-based information including patient information, reports, etc.
- Speak clearly using a variety of technology, such as by phone, webinar, or other electronic media

____ By initializing here, I *confirm* the applicant has demonstrated an overall ability to speak English proficiently.

____ By initializing here, I *am unable to confirm* the applicant has demonstrated an overall ability to speak English proficiently.

Please use the space below for any comments or concerns.

3. SUPERVISOR INFORMATION

First Name

Last Name

Title

Telephone (include country code)

Email

Type of Health Care Professional

Name of Regulatory Body

License or Registration Number

____ By completing this form, I attest that I am proficient in English and capable of attesting to another's English language proficiency.

Signature

Date

The College may be obligated to disclose this form to the applicant or others during the registration process as required by law.

The CRNM gratefully acknowledges the contribution of the College of Nurses of Ontario and the British Columbia College of Nurses and Midwives to the preparation of this form.