

## Employer English Proficiency Reference

### Instructions

- This reference form must be submitted to NCAS directly by the employer.
- The work experience must be within the last 2 years.
- The employer completing this form must be a regulated health professional who directly supervises your work.
- NCAS will use the information provided to assess the applicant's English language proficiency.
- To avoid delays in the application process, make sure all the sections on page 1 are complete, then send to your current healthcare employer to complete pages 2–4. You may provide a reference from more than one employer.

### PART A — Personal Information (to be completed by applicant)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ NCAS ID: \_\_\_\_\_  
Middle name(s): \_\_\_\_\_ Former name(s) if applicable: \_\_\_\_\_

### Part B — Employment Information (to be completed by applicant)

Indicate the nursing designation you were employed in: ☐ RN ☐ LPN ☐ RPN

If you were not employed as a nurse, please indicate position held (i.e., Health Care Assistant, Personal Support Worker, etc.): \_\_\_\_\_

Facility name: \_\_\_\_\_

Employer address (Apt/Box/#/Street): \_\_\_\_\_ City/town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code/zip code: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Part C — Consent & Declaration (to be completed by applicant)

I give consent to all current and previous employers to release information regarding my English language proficiency to NCAS to be used solely for the purposes of assessing English proficiency.

I declare the information I have provided on this form is true and accurate. I understand that falsification of this document, or the submission of any falsified documents to NCAS, may cause for NCAS to close my application, making me ineligible for the credential review at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part D — Employment Information (to be completed by employer)

To avoid delays, all sections of the form below must be completed and sent directly to NCAS by the employer by email at [ienp.info@ncasbc.ca](mailto:ienp.info@ncasbc.ca).

By completing this form, you are attesting to the applicant's demonstrated proficiency in English in the practice setting. Please provide responses based on your observations of the applicant in providing healthcare services.

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

☐ I confirm I am the applicant's direct supervisor, and most familiar with the applicant's practice.

Date employed from (dd/mm/yy): \_\_\_\_\_ to: \_\_\_\_\_

Job title: \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Casual

Hours worked in the previous 2 years: \_\_\_\_\_

Department(s) employed in: \_\_\_\_\_

Language spoken in the workplace: \_\_\_\_\_

Language used for documentation: \_\_\_\_\_

Is nursing registration required to hold this position? If yes, please indicate what type of nursing registration:

☐ LPN ☐ RN ☐ RPN ☐ Other (please specify): \_\_\_\_\_

## Part E — Employer Assessment of English Language Proficiency (to be completed by employer)

Please attest to the applicant's ability to **READ** and comprehend English using the following competencies which may include but are not limited to:

- Read and demonstrate comprehension of policies, procedures, regulations, practice standards, etc.
- Research and comprehend information and apply it
- Read written communication and instructions from a supervisor or another healthcare provider
- Read and interpret practice-based communication, including charts, schedules, shift reports, etc.

☐ The applicant has demonstrated an overall ability to read and comprehend English proficiently.

Please use the space below for comments/concerns if needed.

Please attest to the applicant's ability to **WRITE** English using the following competencies which may include but are not limited to:

- Document care and communication according to policies, procedures, practice standards, etc.
- Prepare written communication, such as instructions, that can be understood by others
- Take notes and summarize written communication related to practice
- Provide comprehensible written communication, including, shift reports, completion of forms, etc.

☐ The applicant has demonstrated an overall ability to write English proficiently.

Please use the space below for comments/concerns if needed.

## Part E — Employer Assessment of English Language Proficiency (Cont'd)

Please attest to the applicant's ability to **SPEAK** English using the following competencies which may include but are not limited to:

- Clearly explain policies, procedures, tasks, etc.
- Communicate clearly to solve problems
- Respond appropriately to instructions from a colleague, supervisor, or another health care provider
- Communicate practice-based information, including patient information, shift reports, etc.
- Communicate effectively in anticipated and unanticipated situations with patients and colleagues

☐ The applicant has demonstrated an overall ability to speak English proficiently.

Please use the space below for comments/concerns if needed.

Please attest to the applicant's ability to **LISTEN** and comprehend English using the following competencies which may include but are not limited to

Listen to colleagues to determine root of problem or conflict in a team

- Listen and comprehend patient concerns and respond appropriately
- Comprehend verbal communication and instructions from another health care provider
- Comprehend verbal orders and document accordingly

☐ The applicant has demonstrated an overall ability to listen and comprehend English proficiently.

Please use the space below for comments/concerns if needed.

## Part F — Employer Information (to be completed by employer)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please name the regulatory body you are member with:

Licensing or registration # with the regulatory body:

Please email the completed and signed form to [ienp.eepr@ncasbc.ca](mailto:ienp.eepr@ncasbc.ca), from your work email, with the subject line: EEPR for

{Insert applicant's name}