



# EMPLOYER CONFIRMATION OF ENGLISH LANGUAGE PROFICIENCY

RN | 
  LPN | 
  RN & LPN

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## SECTION A: INSTRUCTIONS TO APPLICANT

Forward form for completion of Section B by all your employers for whom you have worked over the past 24 months. The employer must send the form directly to NSCN.

SURNAME	GIVEN NAMES	BIRTH/FORMER NAME
DATES OF EMPLOYMENT	FROM	TO
	MONTH/DAY/YEAR	MONTH/DAY/YEAR
EMPLOYEE # (IF APPLICABLE)	EMAIL ADDRESS	TELEPHONE NUMBER
SIGNATURE	DATE	

## SECTION B: INSTRUCTIONS TO EMPLOYERS

The above applicant has indicated they are proficient in the English language and indicated they worked in English with your organization. Please mail or email this completed form to the address below. We have provided some examples of English language proficiency indicators in each of the four categories of language skills. **Faxes are not accepted.** We will accept an emailed copy of this form from a verifiable regulatory body email address (excluding Yahoo, Gmail, etc.). The form can be emailed to [ien@nscn.ca](mailto:ien@nscn.ca).

Complete the table below to confirm that the above applicant can competently communicate in the English language in:

- Contexts that are both moderately demanding (familiar, low-risk situations) and demanding (high-stakes situations where communication style 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, correspondence)
- Both informal and formal circumstances (conversations, meetings, work-related interactions)

I AFFIRM THAT THE ABOVE APPLICANT WORKED IN A HEALTH CARE ENVIRONMENT AND COMMUNICATED WITH CLIENTS AND STAFF IN ENGLISH		
NAME AND ADDRESS OF EMPLOYER	POSITION HELD	
DATES OF EMPLOYMENT	FROM	TO
	MONTH/DAY/YEAR	MONTH/DAY/YEAR



<p>COMPETENCIES RELATED TO <b>READING</b> ENGLISH INCLUDE BUT ARE NOT LIMITED TO THE ABILITY TO:</p> <ul style="list-style-type: none"> <li>• READ AND UNDERSTAND WORK POLICIES, REGULATIONS, STANDARDS, ETC.</li> <li>• READ AND UNDERSTAND INFORMATION THAT SHE OR HE RESEARCHED.</li> <li>• SCANS CHARTS, TABLES OR SCHEDULES FOR RELEVANT PIECES OF INFORMATION</li> <li>• FOLLOW WRITTEN INSTRUCTION ON OPERATING A PIECE OF EQUIPMENT</li> <li>• READ A WRITTEN SHIFT REPORT LEFT BY COWORKERS</li> <li>• READ AND INTERPRET AUTHORIZED PRESCRIBERS ORDERS</li> </ul>	
	<p>BY INITIALING HERE I AM CONFIRMING THE APPLICANT’S ABILITY TO READ ENGLISH PROFICIENTLY.</p>
	<p>BY INITIALING HERE I AM UNABLE TO CONFIRM THE APPLICANT’S ABILITY TO READ ENGLISH PROFICIENTLY.</p>
<p>COMPETENCIES RELATED TO <b>WRITING</b> ENGLISH INCLUDE BUT ARE NOT LIMITED TO THE ABILITY TO:</p> <ul style="list-style-type: none"> <li>• CORRECTLY DOCUMENT INFORMATION IN THE MANNER REQUIRED FOR THE WORK BEING PERFORMED AND THE DOCUMENTED INFORMATION CAN BE UNDERSTOOD AND USED BY OTHERS</li> <li>• PREPARE REPORTS OR OTHER MULTI-PAGE DOCUMENTS THAT CAN BE UNDERSTOOD AND USED BY OTHERS</li> <li>• TAKE NOTES DURING A CONVERSATION, PRESENTATION, ETC., AND THEN SUMMARIZE THEM IN WRITING FOR COLLEAGUES</li> <li>• COMPLETE MEDICAL PROCEDURE FORMS</li> </ul>	
	<p>BY INITIALING HERE I AM CONFIRMING THE APPLICANT’S ABILITY TO WRITE ENGLISH PROFICIENTLY.</p>
	<p>BY INITIALING HERE I AM UNABLE TO CONFIRM THE APPLICANT’S ABILITY TO WRITE ENGLISH PROFICIENTLY.</p>
<p>COMPETENCIES RELATED TO <b>LISTENING</b> IN ENGLISH INCLUDE BUT ARE NOT LIMITED TO THE ABILITY TO:</p> <ul style="list-style-type: none"> <li>• LISTEN TO MULTI-STEP, COMPLEX INSTRUCTIONS AND CARRY THEM OUT</li> <li>• USE CONTEXTUAL CLUES (E.G., TONE OF VOICE, BODY LANGUAGE) IN ORDER TO RESPOND APPROPRIATELY TO A SITUATION</li> <li>• LISTEN TO CO-WORKERS TO DETERMINE THE ROOT OF A PROBLEM OR CONFLICT IN A TEAM</li> <li>• LISTEN TO VERBAL ORDERS AND DOCUMENT ACCORDINGLY</li> </ul>	
	<p>BY INITIALING HERE I AM CONFIRMING THE APPLICANT’S ABILITY TO LISTEN IN ENGLISH PROFICIENTLY.</p>
	<p>BY INITIALING HERE I AM UNABLE TO CONFIRM THE APPLICANT’S ABILITY TO LISTEN IN ENGLISH PROFICIENTLY.</p>



COMPETENCIES RELATED TO **SPEAKING** ENGLISH INCLUDE BUT ARE NOT LIMITED TO THE ABILITY TO:

- CLEARLY EXPLAIN TO ANOTHER PERSON HOW TO PERFORM A TASK OR PROCEDURE
- COMMUNICATE WITH OTHERS IN ORDER TO SOLVE PROBLEMS
- INTERACT APPROPRIATELY WITH OTHERS IN UNFAMILIAR SITUATIONS
- RESPOND TO A CLIENT COMPLAINT AND MAKE SUGGESTIONS FOR RESOLUTION
- EXPLAIN A PROBLEM WITH A NEW PROGRAM, MACHINE, PROCEDURE AND PRESENT A POSSIBLE DETAILED SOLUTION
- DESCRIBE CLIENT ASSESSMENT FINDINGS TO ANOTHER HEALTH CARE PROFESSIONAL

BY INITIALING HERE I AM CONFIRMING THE APPLICANT'S ABILITY TO SPEAK ENGLISH PROFICIENTLY.

BY INITIALING HERE I AM UNABLE TO CONFIRM THE APPLICANT'S ABILITY TO SPEAK ENGLISH PROFICIENTLY.

ADDITIONAL INFORMATION:

SIGNATURE	NAME (PLEASE PRINT)	POSITION (PLEASE PRINT)
DATE	TELEPHONE NUMBER	EMAIL ADDRESS

