

Saskatchewan Collaborative Bachelor of Science in Nursing Clinical Reference Form

Completion of this form is required for applicants transferring from another nursing program.

For Completion by Applicant

I, (print full given name) _____,

an applicant for admission to the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program, do hereby request verification of previous successful and/or unsuccessful clinical placements.

Applicant signature

Date

Indicate site for return of completed form:

Registration Services
SIAST Wascana Campus
P.O. Box 556
Regina SK S4P 3A3

OR

Registration Services
SIAST Kelsey Campus
P.O. Box 1520
Saskatoon SK S7K 3R5

For Completion by Institution * Return completed form to the site indicated above *

The above named applicant is currently enrolled or was previously enrolled in (name of nursing program)

_____ at _____
(name of nursing program) *(name of institution)*

I confirm that the above is/was a student in good academic standing, and further that there has been no determination of professional unsuitability, disciplinary action, unsatisfactory or failed clinical/practicum experiences, or other related matters (including matters pending). This student received a positive reference in all clinical practica to date.

Registrar/Dean or Designate Signature

(place official seal here)

Date

I cannot provide a positive reference for the aforementioned student. *(Please provide comment).*

Registrar/Dean or Designate Signature

(place official seal here)

Date