

# Confirmation of Language Proficiency



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO  
THE STANDARD OF CARE.

College of Nurses of Ontario  
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Please review CNO's [Privacy Policy](#) to understand how your personal information will be used.

## Section A: Instructions to Applicant

This form is to be completed and returned to CNO by only one regulated health care professional (RHP)<sup>1</sup> who has worked directly with you in a health care or health care support service setting in Canada in the last two years. The RHP must have observed you interacting with patients, clients, and/or health care professionals. If required, CNO may request additional information about your ability to read, write, listen or speak in English or French.

## SECTION 1: APPLICANT INFORMATION

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
CNO Application ID

\_\_\_\_\_  
Category of application (RN, RPN, NP)

\_\_\_\_\_  
Date of Birth (yyyy-mm-dd)

## SECTION 2: INSTRUCTIONS FOR REGULATED HEALTH CARE PROFESSIONAL IN CANADA

As the RHP completing this form, you are attesting to the following:

1. You have sufficient knowledge of and have observed the applicant's use of their reading, writing, listening, and speaking skills in moderately demanding and demanding situations during their interactions with patients, clients, and/or healthcare professionals while providing services in Canada.
2. You have formed the opinion that the applicant can communicate and comprehend effectively in English or French at a level required for safe and competent nursing practice in Ontario.

To complete this form, **expertise in language assessment is not expected**. Your responses are to be based solely on your observations of the applicant's ability to read, write, listen, and speak in English or French within the health care or practice setting. Once CNO receives this form, it will become part of the application and may be disclosed to the applicant during the registration process.

For this form to be valid, you must complete, sign and submit this form directly to CNO using the email address or fax at the top of this form.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Type of Health Care Professional

\_\_\_\_\_  
Name of Regulatory Body

\_\_\_\_\_  
Province/Territory

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Work e-mail address

<sup>1</sup> Regulated health professional refers to a professional who is registered and practicing their profession, regulated under the *Regulated Health Professions Act, 1991* in Ontario, or regulated in another Canadian jurisdiction under equivalent health professional legislation (for example, the *Health Professions Act* in B.C. or the *Regulated Health Professions Act* in Manitoba).

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Applicant Name: \_\_\_\_\_ Application Number: \_\_\_\_\_

1. In which health care setting(s) did you work with the applicant?
2. Name the organization in which you worked with the applicant in Canada.
3. What was the applicant's position title?
4. When did you last work with the applicant? (please include year, month, day)
5. In which language is the applicant demonstrating proficiency?
English                      French                      Other _____

<b>READING</b>
<b>The following are examples of where reading and comprehension may be observed:</b>
<ul style="list-style-type: none"><li>▪ reading policies, regulations, standards, etc.</li><li>▪ reading written instructions by another health care provider</li><li>▪ reading written instructions by a supervisor or instructor</li><li>▪ reading charts, tables or schedules</li><li>▪ reading shift reports left by coworkers</li><li>▪ reading patient/client records or patient/client health information</li><li>▪ reading information the applicant researched</li></ul>
Please choose one:
<p>The applicant has the ability to read English or French.</p> <p>The applicant does not have the ability to read English or French.</p>

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Applicant Name: \_\_\_\_\_

Application Number: \_\_\_\_\_

## SPEAKING

The following are examples of where speaking skills may be observed:

- communicating with others to solve problems
- responding to the instructions of a colleague, supervisor or instructor clearly and in a way that demonstrates comprehension
- speaking to and responding to patient/client requests or needs in a way that patients/clients understand
- speaking using different means of technology (phone, webinar, other electronic mediums)

Please choose one:

The applicant has the ability to speak English or French.

The applicant does not have the ability to speak English or French.

## WRITING

The following are examples of where writing skills may be observed:

- noting instructions or comments in a patient's/client's file, chart or e-health record
- documenting information in a way that can be understood and used by others
- preparing reports or multi-page documents in a way that can be understood by others
- completing forms
- taking notes during a conversation, presentation, etc.

Please choose one:

The applicant has the ability to write in English or French.

The applicant does not have ability to write in English or French.

## LISTENING AND UNDERSTANDING

The following are examples of where listening skills may be observed:

- listening to multi-step, complex directions from another health care provider and appropriately carrying them out
- listening to requests from patients or clients and appropriately carry them out
- listening and applying health care specific terminology or language appropriately

Please choose one:

The applicant has the ability to listen in English or French.

The applicant does not have the ability to listen in English or French.

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

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

(yyyy-mm-dd)