



CANADIAN HEALTH CARE AGENCY

EXPERIENCE THE NORTH

NURSE REFERRAL FORM

The Canadian Health Care Agency will pay a referral bonus to the current Agency Nurse who refers a new Nurse to the Agency. The bonus payment will be made upon successful completion of the Nurse's first contract.

Please complete this section:

Name of new nurse: _____

I was referred to The Canadian Health Care Agency by: _____

New Nurse's signature: _____

Date: _____

Please return this form by fax to 1-888-439-2979 or email to info@chc-a.ca

FOR OFFICE USE ONLY:

Location and date of first contract: _____

Date Received: _____

Amount: _____

Approved: _____

Referral recorded: _____