BSN PROGRAM PROFESSIONAL REFERENCE FORM

Name of Applicant (Please Print)____________________________________

Name of Recommender (Please Print)_______________________________

1.) Position you held while working with applicant_____________________

2.) In what capacity have you known the application ( ) as one of my students
   ( ) as peer at work ( ) as one of my subordinates at work
   ( ) other (describe) ______________________________

3.) How well do you know the applicant? ( ) very well ( ) fairly well ( ) slightly

4.) How long have you known the applicant? From-_________ To-________

5.) Please rate the applicant based on-

<table>
<thead>
<tr>
<th>Rating Choice As Follows-</th>
<th>Superior</th>
<th>Very Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Acceptable</th>
<th>Never Observed</th>
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</thead>
<tbody>
<tr>
<td>Communication Skills Verbal</td>
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<tr>
<td>Communication Skills Written</td>
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<td>Maturity</td>
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<td>Motivation and Determination</td>
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<td>Emotional Control</td>
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<td>Dependability</td>
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<td>Ability to work with other</td>
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<td>Ability to work alone</td>
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<td>Willingness to assume responsibility</td>
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<td>Problem-Solving Abilities</td>
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<td>Conflict Resolution</td>
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<td>Intelligence</td>
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<td>Knowledge of limitation</td>
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</table>
6.) Please provide any pertinent material regarding the character, integrity and personality of the applicant, but particularly your opinion of the candidate’s clinical abilities, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly, capacity to carry on advanced studies and potential for a successful professional career.

   a. Areas where the applicant may have either personal or professional problems.

   b. Areas where you judge the applicant to be outstanding.

   c. Further comment (or feel free to attach a personal letter).

Check this applicant is ( ) Highly Recommended ( ) Recommended ( ) Not Recommended

Your Name (Please Print)_______________________________________________

Please check preferred contact address and telephone number:

( ) Office Address _____________________________________________________

( ) Home Address- _____________________________________________________

( ) Office Phone Number______________________________________________
( ) Home Phone Number______________________________________________

Signature____________________________ Date____________________