# Orange-Ulster BOCES
# Practical Nurse Program

## Professional Reference Form

**To be completed by Applicant**: *Fill in all information in this section. Submit two (2) sealed, completed* ***professional references*** *in order to complete your application. Please send to the attention of:* ***Practical Nurse Program.*** Failure to submit the required references may affect your acceptance into the program.

Applicant's name (Print):

_____ _____ _____
Last First Middle Initial

Applicant's Signature: _____ DOB ___/____/_____

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**To be completed by the Reference:** Orange-Ulster BOCES asks that you evaluate how the applicant's past performance might indicate their success in an intensive Practical Nurse Program and as a practical nurse. You must be in a supervisory role of the applicant (employer, supervisor, teacher) to be eligible to complete this form.

*Please seal your completed reference in an envelope, place your signature across the back of the sealed envelope and submit to the OUBOCES PN program.*

**MAILTo: Orange Ulster BOCES, Practical Nurse Program, Regional Education Center at Arden Hill, 4 Harriman Drive, Goshen, NY 10924 Attention: Mrs. McQuade**

Please type or print legibly:

**PROFESSIONAL Reference:**

_____ _____
Printed Name Title

Length of time you have known the applicant: _____ Relationship to applicant: _____

Please rate the applicant regarding performance and/or personal characteristics:

| | Excellent | Very Good | Average | Fair | Poor |
|---|---|---|---|---|---|
| Quality of Work | | | | | |
| Dependability | | | | | |
| Attendance | | | | | |
| Personality | | | | | |
| Emotional Maturity | | | | | |
| Personal Appearance | | | | | |
| Respect for Authority | | | | | |
| Ability to Follow Directions | | | | | |
| General Attitude | | | | | |

Work Address (print): _____

Work Phone Number: _____

Signature: _____ Date: _____