

**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 ___/___/_____

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 OUBOCES PN Program.

MAIL: Orange-Ulster BOCES, Practical Nurse Program, 3 Washington Center, Newburgh, NY 12550
Attn: 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: _____

Work Phone Number: _____

Signature _____ Date: _____