PRACTICAL NURSING

CAREER TECHNOLOGY CENTER OF LACKAWANNA COUNTY

Nursing Student Applicant Reference Form

(at LEAST one from current/former employer/educator)

Applicant Name:_____

Has applied for admission to the Career Technology Practical Nursing Program, Lackawanna County.

In your opinion does this applicant have the qualities necessary for practical nursing to include: unquestioned integrity, dependability, emotional poise, positive work ethic, and ability to learn and perform psychomotor skills.

Please circle the relationship to the student applicant:

Personal	Employer	Educator	Other:(please specify)

- How long have you known the applicant?_____
- If an employer:

  Date of Employment:_____Position_____

  Work Record_____Reason for Leaving:_____

Please complete the following checklist in reference to the applicant-

	Poor	Fair	Good	Excellent		Poor	Fair	Good	Excellent
Appearance	☐	☐	☐	☐	**Emotional Stability**	☐	☐	☐	☐
Neatness	☐	☐	☐	☐	**Character**	☐	☐	☐	☐
Dependability	☐	☐	☐	☐	**Attentiveness**	☐	☐	☐	☐
Organization skills	☐	☐	☐	☐	**Self-Control**	☐	☐	☐	☐
Reliability	☐	☐	☐	☐	**Efficient**	☐	☐	☐	☐
Problem Solving	☐	☐	☐	☐	**Moral Judgment**	☐	☐	☐	☐

Comments:_____

_____

Date:_____

Printed Name(and Credentials)_____ **Signature:**_____

Contact information:

Company:_____

Address:_____State_____Zip Code_____

Email_____

Phone_____

(Or affix company stamp here)