REGISTERED NURSE DEGREE WORK REFERENCE FORM

I, _____ waive the right to review this recommendation. I understand this will be kept confidential.

_____   _____

Applicant Signature   Date

The above named applicant is applying for admission to the RN Associate of Applied Science Nursing Program at Western Dakota Tech in South Dakota. Please complete this form, place in a sealed envelope with your signature across the seal and return to the applicant. The applicant will submit your reference with their application to the Western Dakota Tech RN program. The statements you make will be regarded as confidential.

PLEASE RATE THE QUALITIES OF THIS APPLICANT BASED ON THE FOLLOWING:

	OUTSTANDING	SATISFACTORY	NEEDS IMPORVEMENT	UNABLE TO EVALUATE	EXPLAIN, IF NECESSARY
Initiative/Motivation	3	2	1		
Communication Skills	3	2	1		
Interpersonal Skills Co-workers/Patients	3 3	2 2	1 1		
Adaptability	3	2	1		
Integrity	3	2	1		
Work Ethic	3	2	1		
Organizational Skills	3	2	1		
Problem Solving	3	2	1		
Responsibility/Maturity	3	2	1		
Compassion	3	2	1		
Accepts Constructive Guidance	3	2	1		
Dependability	3	2	1		
Nursing Skills	3	2	1		
Professionalism	3	2	1		
	3	2	1		

1. Relationship to applicant (*please circle one):*   Work Supervisor   Co-Worker
    If Other, please indicate relationship: _____

2. How long have you known the applicant? _____

3. If you have other information that you feel would be significant to the Admission Committee in the evaluation of this applicant's qualifications, please provide that information in the space below.

4. In consideration of the candidate, please rate this applicant. (*please circle one):*

    Highly Recommend   Recommend   Serious Reservations

    _____   _____   _____

    Organization   Title   Date

    _____   _____

    Print Name   Signature

    _____   _____

    Email   Phone