



**Health Sciences Division  
Surgical Services**

## **Perioperative Nursing**

Dear Prospective Student:

Thank you for your interest in the Perioperative Nursing Courses at Gulf Coast State College ("GCSC"). It is composed of two classes, NSP 2290 and NSP 2290L, which are both offered in the Summer each year. Occasionally, due to the request of local hospitals or the need, additional classes may be offered in either January or August. Check the college schedule for the term of need. The 3-credit theory class is based on the Association of Perioperative Registered Nurses (AORN) Standards and Recommendations. Course NSP2290, Perioperative Nursing Theory course (3 credits), is offered utilizing the web based platform "Angel". It can be used as an introduction to the operating room or as a study guide for the Perioperative Nurse certification exam.

The second course, NSP2290L Clinical Internship to Perioperative Nursing (3 credits), can be offered in your local hospital, if they agree to affiliate with GCSC and allow you to work with a local Preceptor. Prior to beginning the clinical internship segment of the course, you must have successfully completed the 4th Module (Aseptic Technique) of the NSP2290 Perioperative Nursing Theory course.

It is not mandatory to complete the NSP2290L Clinical Internship to Perioperative Nursing. Both courses can be completed online with study exams, simulated lab sessions, and clinical experiences. The courses are designed to help you pass the certification exam (CNOR).

Please read the attached application packet or visit our website to learn more about our Courses and student responsibilities, [www.gulfcoast.edu/health\\_sciences/surgtech](http://www.gulfcoast.edu/health_sciences/surgtech). Additional information regarding perioperative nursing, certification, and AORN standards can be obtained at [www.aorn.org](http://www.aorn.org), the official website of perioperative nursing.

If you decide that becoming a perioperative nurse is for you, begin the process of applying for admission by following the attached instructions. If you have any further questions, please feel free to e-mail [Lmcnaron@gulfcoast.edu](mailto:Lmcnaron@gulfcoast.edu), or call Libby McNaron at (850) 873-3551; or e-mail Craig Wise at [cwise@gulfcoast.edu](mailto:cwise@gulfcoast.edu) or call him at (850) 913-3311, toll free at 1-800-311-3685 ext. 3311. We look forward to working with you in the future.

Sincerely,

Libby McNaron, RN, CST/CSFA, CNOR, BSN, MSN  
rev. 8/2015

# Student Checklist

## Perioperative Nursing

### Apply to the College

\_\_\_ Step 1. **New students should apply for General Admission application to Gulf Coast State College and choose "NON-DEGREE SEEKING STUDENT".** Applications are available at the Enrollment Services Office or online at [- Returning students who have not attended GCSC in 1 year or more must also reapply for admission. Cost is \\$10.00.](https://webss.gulfcoast.edu/PROD/bwskalog.P_Dis>LoginNon</a> .</p></div><div data-bbox=)

The Major Code is **SURA** for these courses. Students already enrolled at GCSC can **change** their Major Code by contacting the Admissions/Enrollment Services Office.

\_\_\_ Step 2. **New students pay the \$20 college application fee online, at our Bookstore, or at the GCSC Business Office (in person or by phone). If this is not paid, you cannot get registered for courses.**

\_\_\_ Step 3. **Transcripts will not be necessary or N/A for "Non-Degree Seeking Student". If necessary, you can request OFFICIAL transcripts from high school, or GED with scores, and all colleges be sent to the Admissions Office of GCSC showing completion of a registered nursing courses.** Forms are available in the Admissions Office, online, or at the end of this application packet.

### Apply for the Courses

\_\_\_ Step 4. **Submit Perioperative Nursing application forms as required for the NSP2290L course** by mail to GCSC Health Sciences, Attn. Craig Wise, 5230 West Highway 98, Panama City, Florida 32401, by e-mail to [cwise@gulfcoast.edu](mailto:cwise@gulfcoast.edu), in person, or by fax at 850-747-3246. Current GCSC nursing students planning to only take the NSP2090 Theory Course do NOT have to complete this step. Those planning to take NSP2290L must include:

- \_\_\_ 1. Completed and signed Perioperative Nursing courses application
- \_\_\_ 2. Signed Duties Acknowledgement Form.
- \_\_\_ 3. If not currently enrolled as a nursing student who has completed your first semester, submit proof of licensure to practice as an RN in the state in which the clinical internship will be taken. Include a copy of the license or verification copy from the website with VOID printed across it.
- \_\_\_ 4. Submit a current identification picture at least 2"x 2" in size (passport photo from Post Office will work).
- \_\_\_ 5. **Request that 2 people complete the Personal Reference Forms (included) attesting to the years of experience as an RN and knowledge, judgment, and skills specific to surgical patient care.** Mail the forms to GCSC Health Sciences, Attn: Libby McNaron, 5230 West Highway 98, Panama City, Florida 32401. References can be from pastor, family friends, former teachers or employers.
- \_\_\_ 6. **Submit a copy of current CPR card. The only acceptable cards are American Heart Association Healthcare Provider or the American Red Cross for Professional Rescuer.** Maintain certification throughout the entire length of the courses.

### Register for Course

#### **NSP2290 Perioperative Nursing Theory Course:**

\_\_\_ Step 5. **Send Libby McNaron an e-mail [Lmcnaron@gulfcoast.edu](mailto:Lmcnaron@gulfcoast.edu)** with your student ID number so she can have you registered for class. If you prefer not to communicate your student ID number, you will need to pick up a Course Approval Card and have them register you in the Enrollment Services Office if unable to do so yourself.

\_\_\_ Step 6. **Pay for the class online**, at our Bookstore, or at the Business Office (in person or by phone).

\_\_\_ Step 7. **Pick up or order your textbooks.** Berry and Kohn's **Operating Room Technique** (online used, or from the GCSC Bookstore), and the current year AORN Standards; online from [www.aorn.org](http://www.aorn.org).

\_\_\_ Step 8. **For offsite testing, submit a Proctor Approval Form.**

**If interested in hands-on course, NSP2290L Perioperative Nursing Internship:**

- \_\_\_\_\_ **Step 9. Can be taken concurrently or the theory one summer and lab/clinical the next summer for student nurses at GCSC. Successfully complete the course, or at least the 4th module component of NSP2290 Perioperative Nursing with a "C" or better prior to beginning the lab segment.**
- \_\_\_\_\_ **Step 10. Prior to registration for NUR2290L:**
- \_\_\_\_\_ **Local GCSC residents should contact Libby McNaron to discuss your preferences. (If out-of-GCSC-district, discuss options for clinical and lab components with local facilities. Then e-mail [Lmcnaron@gulfcoast.edu](mailto:Lmcnaron@gulfcoast.edu) with contact person, phone number, facility, and the preceptor arrangements.) For offsite students, once Preceptor arrangements have been finalized, Instructor will notify you that you are ready to register and a clinical clearance form will be available in Angel for completion of the required documentation**
    - \_\_\_\_\_ Satisfactory Criminal Background Check completed on site at GCSC. (Current GCSC nursing students, or those employed by the facility at which they wish to complete their clinical assignments, may have alternate documentation completed by the nursing program or facility.)
    - \_\_\_\_\_ A Chain-of Custody 10-panel drug screen, at student's expense, is required by some affiliating clinical agencies for clinical clearance. The results must be faxed to Dr. Holly Kuehner at 850-747-3246.
    - \_\_\_\_\_ Documentation of Immunizations/Physical Exam, as required by the clinical site.
    - \_\_\_\_\_ Note: If completing your clinical rotation at your employer's site, you may request from the appropriate authority a waiver of the above documents stating that you have been cleared to complete the clinical rotation and no additional background check, drug screen or health status immunization/physical exam requirements are necessary based on in-house documentation.
  - \_\_\_\_\_ **Register for class and pay the fees online, at our Bookstore, or at the Business Office.**
- \_\_\_\_\_ **Step 11. Successfully complete all lab assignments and lab modules in the on-campus Lab scheduled with Libby McNaron.** It usually takes most students 2-5 days at 4-6 hours per day. The potential lab times will be posted on Angel during the 2nd week of class or arranged individually based on number of students and enrollment status. You may be able to complete consecutively or over several weeks.
- \_\_\_\_\_ **Step 12. Arrange with GCSC Clinical Assistant Coordinator and Program Coordinator the clinical site rotation and Preceptor.** The clinical component is a minimum 200 hours of Lab and clinical experience.

# **FEE SCHEDULE \*\***

## **PERIOPERATIVE NURSING**

	<u>In-State</u>	<u>Out-of-State</u>
<b><u>ENROLLMENT FEES:</u></b>		
GCSC - application fee (new students)	\$ 20.00	\$ 20.00
Criminal Background Check at GCSC (if needed)	\$ 85.00	\$ 85.00
<b><u>TEXTBOOK FEES:</u></b>		
Textbooks (Approximate) (List Provided)		
Required texts	\$ 300.00	\$ 300.00
<b><u>TUITION FEES:</u> (See current college catalog)</b>		
NSP2290 (3 credits)	\$ 296.25 (\$98.75)	\$ 1,079.13 (\$359.71)
NSP2290L LAB/Clinical (3 credits)	\$ 296.25	\$ 1,079.13
<b><u>LAB FEES:</u></b>		
NUR2290L	\$ 86.00	\$ 86.00
(includes Student Liability/Accident Ins for Lab)		
	_____	_____
<b>Total Courses Fees (approx.)</b>	<b>\$ 1,083.50</b>	<b>\$ 2,649.26</b>

### **Textbooks include:**

Berry and Kohn's Operating Room Technique  
AORN Publication AORN Standards and Recommendations for the current year

### **Other Texts to prepare for examination: (Core Perioperative Knowledge)**

Alexander's Care of the Surgical Patient  
Essential Surgical Skills  
CNOR Study Guide and Practice Resource

**\*\* Fees listed above are currently accurate, but subject to change without notice due to price changes from the other requirements, manufacturer, or provider. Last update 7/2014. Updated cost per credit hour and lab fees are located in the catalog for the current year.**

The courses are usually offered in May with registration in April.  
You may start and finish over a 12-16 week period.

# GULF COAST STATE COLLEGE - HEALTH SCIENCES DIVISION

## APPLICATION FOR ADMISSION

5230 West U.S. Highway 98  
Panama City, FL 32401-1058  
(850) 872-3827 or (850)913-3311  
(850) 747-3246 - fax  
1-800-311-3685 -toll free

## PERIOPERATIVE NURSING

**Answer all questions; please TYPE or PRINT (please submit form as soon as possible.)**

Name: \_\_\_\_\_  
First Middle Last Maiden Name

Home Address: \_\_\_\_\_  
Street and Number City State Zip County

Permanent or Mailing Address (If different from above): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ GCSC Student ID No. \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

### EDUCATION

**OFFICIAL TRANSCRIPTS must be received** by the Office of Admissions and Records.  
**ALL schools and colleges** attended must be listed for the application to be complete. **Use additional sheets if necessary.**

Name of School	Location of School	From Month/ Year	To Month/ Year	Did you receive Diploma, Degree or Certificate?	What was your Major / Minor?
High School or GED:					
Vocational / Other Technical Courses					
College or University:					
College or University:					

### LICENSES AND CERTIFICATION

Type	Issued by which State or Agency?	Certification or License Number	Expiration Date

## CONTACT INFORMATION

Please provide information about three people who will always know where to locate you:

Name	Mailing Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## HEALTH RELATED WORK EXPERIENCE and/or VOLUNTEER EXPERIENCE

Use additional sheets, if necessary.

**1. EMPLOYER:** \_\_\_\_\_

Address \_\_\_\_\_  
                    Street and Number                      City                      State                      Phone: \_\_\_\_\_ Extension \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Nature of your Job Duties: \_\_\_\_\_  
                                    Mo./Yr.                      Mo./Yr.

Reason for Leaving \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**2. EMPLOYER:** \_\_\_\_\_

Address \_\_\_\_\_  
                    Street and Number                      City                      State                      Phone: \_\_\_\_\_ Extension \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Nature of your Job Duties: \_\_\_\_\_  
                                    Mo./Yr.                      Mo./Yr.

Reason for Leaving \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

## PLEASE READ AND SIGN THE FOLLOWING

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission from the College. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from any of the courses in the Health Sciences Division. I understand that fingerprinting and criminal background checks may be a requirement at the clinical facility used. In compliance with clinical requirements, I understand that I may be subject to drug screening. I also understand that it is my responsibility to arrange a clinical site and preceptor and ensure that all policies and procedures are followed at the healthcare institutions. The school does not guarantee employment at any facility. We offer this information contained in this statement and the application packet so that you can make an informed decision concerning making application to our courses.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### RETURN APPLICATION TO:

Gulf Coast State College  
Health Sciences Division - Room 200  
5230 W. U.S. Highway 98  
Panama City, FL 32401-1058

### IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip

# Perioperative Nursing Courses

## Duties Acknowledgement Form

### Duties and Responsibilities

1. Preoperative:
  - A. Analyze and describe preoperative patient management including performing a preoperative evaluation/assessment in collaboration with other health care providers to establish a plan of care. Describes methods of communicating the patient's plan of care with other health care providers.
  - B. Describe and demonstrate correctly written preoperative orders according to established protocols for the surgical scenarios given.
2. Intraoperative:
  - A. Describe methods of intraoperative surgical assisting including using instruments and medical devices, providing exposure, handling and cutting tissue, providing hemostasis, and suturing.
  - B. Analyze wound healing and wound closure correlating the techniques of surgical assisting which will enhance postoperative healing.
  - C. Correlate anatomy, physiology, and pathophysiology with the sequencing of the procedure to identify specific behaviors and operative technique for the identified procedures.
3. Postoperative:
  - A. Describe the immediate postoperative period including writing postoperative orders and postoperative procedure notes according to established protocols.
  - B. Describe postoperative rounds and identify potential outcomes and complications.
  - C. Describe postoperative discharge planning and identifies appropriate community resources that may be utilized for the identified procedures.

### Special Qualifications

In addition to minimum requirements regarding reading, language, and math skills, the student must, unassisted:

1. Demonstrate ability to comprehend and interpret written material. Able to make appropriate judgment decisions.
2. Follow written and oral/verbal instructions in English. Possess short-term and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies and performing anticipation skills during the operation.
3. Synthesize information from written material and apply the knowledge to various situations.
4. Demonstrate the use of positive coping skills during patient, staff, and faculty interactions.

### Psychomotor Qualifications

1. Vision – normal, corrected. Demonstrate sufficient visual ability enough to load a fine (10-0) suture onto needles and needle holders with/without corrective lenses and while wearing safety glasses. Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment.
2. Hearing – normal, corrected, or aid able. Hear and understand muffled communication without visualization of the communicator's mouth/lips and within 20 feet. Hear activation/warning signals on equipment.
3. Smell – able to detect odors sufficient to maintain environmental safety and patient needs.
4. Touch – normal tactile sensitivity. Manipulate instruments, supplies, and equipment with speed, dexterity, and good eye-hand coordination.

### Physical Qualifications

1. Able to stand, bend, stoop, and/or sit for long periods of time in one location with minimum/no breaks.
2. Able to lift a minimum of 20 pounds.
3. Able to refrain from nourishment or restroom breaks for periods up to 6 hours.
4. Ambulate/move around without assistive devices.
5. Able to assist with and/or lift, move, position, and manipulate the patient who is unconscious with or without assistive devices.
6. Successfully complete a CPR certification course. (Acceptable cards are American Heart Association Healthcare Provider, American Red Cross Professional Rescuer, or American Safety and Health Institute CPR-Pro.)

### Communication Qualifications

1. The ability to interact and verbally communicate with others. Demonstrate positive interpersonal skills during patient, staff, and faculty interactions.
2. Demonstrate calm and effective responses, especially in emergency situations.
3. Knowledge of basic written, grammar, and spelling skills.
4. Ability to communicate and understand fluent English both verbally and in writing.

I have read the above and feel that it is within my ability to carry out the duties, responsibilities, and qualifications of a RNFA. I do \_\_\_\_\_ do not \_\_\_\_\_ have any problem in meeting the above technical requirements. I understand that clinical policies regarding physical, TB skin tests, and Immunization Records must be followed.

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Signature

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Date

**Sign and attach this form to the application submitted to the Health Sciences Division.**



## Perioperative Nursing Courses Verification of Eligibility for Courses

**Applicant must submit proof of eligibility for the Perioperative Nursing Courses by either of the following ways.**

**RN or 2nd semester graduate nurse eligible for NSP2290, Perioperative Nursing Theory course.**

	Hospital employed at, or clinical assignment facility	Completion of 1st semester Nursing Courses or RN license number	Signature of Nursing Instructor	Completed by college personnel; validation by college personnel (only one is required that meets criteria)
Nursing Student				
RN				
ARNP				

Submit a copy of your RN license, and attach it to this form.

I verify that I meet the requirements for the course as evidence by meeting one of the criteria. I verify that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_





## APPLICATION INSTRUCTIONS FOR THE COLLEGE

Enrollment Services Office

Gulf Coast State College

5230 W. Highway 98

Panama City, Florida 32401

(850) 872-3892

## HOW TO APPLY TO THE COLLEGE ONLINE

1. Go to **[www.gulfcoast.edu/admissions/online\\_application.htm](http://www.gulfcoast.edu/admissions/online_application.htm)** . Scroll down to bottom of page.
2. Select the **“First time user account creation.”**
3. Create your login ID; for example, your first initial and last name. Create a pin number and reenter it.
4. Select the Application Type link for your admissions application. (“Transfer” if you have ever had any college courses; “Returning” if you have ever taken any college credit courses at GCSC; “First Time in College” if you have never been to college before.)  
  
Be sure to select the correct **term of entry**, or else you will not be able to register without going through the Admissions Office. Always select the current term (example: Fall 2015, for August 2015). Complete the online college admissions application by clicking on each section until all sections are completed, and select **SURA as your Courses of study**.
5. Once you have paid the \$20 *college* application fee, it usually takes 48 hours to process the online application and enter it into our system. You cannot register for any prerequisite classes until the college application fee is paid.
6. Submit a completed Courses application found in the Courses Application Packet.
7. When your College application has been processed you are ready to access the Lighthouse database. You will need to know your student ID-number and your DOB (MM/DD/YY) to initially login into Lighthouse.
  - a. Your Lighthouse user ID-number is the same as your student ID-number. Your acceptance letter to the College will prominently list your student ID-number.
8. You can access Lighthouse:
  - a. to register for classes
  - b. to pay registration fees for classes
  - c. to check grades
  - d. to upgrade your personal information
  - e. to confirm your GCSC e-mail address
9. To register for certain classes, testing must be completed and your \$20 application fee paid. Be sure to take the PERT or CPT exams as indicated in the Courses application.
10. Request copies of your transcripts from all high schools and all colleges attended. If you completed the GED, there is a request form located on the Admissions website or in your Courses application packet.
11. For questions about applying for admissions or checking the status of your application, contact the Admissions Office at (850) 872-3892.

## Personal Reference Form – Health Sciences Division - Perioperative Nursing

**COMPLETED BY STUDENT:** I, \_\_\_\_\_ give permission to \_\_\_\_\_ to fill out this personal reference for me. I appreciate their candor and understand that this form is confidential. However, Under Federal law entitled the "Family Educational Rights and Privacy Act of 1974", students are given the right to inspect their records including recommendation forms. I \_\_\_\_do \_\_\_\_do not waive my rights to review the content of this form. I do release them from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address: Gulf Coast State College, Attn: Health Sciences - **PERIOPERATIVE NURSING**, 5230 West Highway 98, Panama City, Florida 32401.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Completed by person authorized to complete Reference:**

1. How long have you known this applicant and in what capacity? \_\_\_\_\_  
How well do you know the applicant? \_\_\_\_\_ Very Well \_\_\_\_\_ Fairly Well \_\_\_\_\_ Slightly
2. In the healthcare field, healthcare personnel have access to confidential information from charts and files and are required to handle drugs and controlled substances. With this in mind, do you place full confidence in the applicant's integrity?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain why: \_\_\_\_\_
3. Would you allow this individual to provide healthcare for you or your family if you were ill? YES \_\_\_\_\_ NO \_\_\_\_\_  
If no, please explain why: \_\_\_\_\_
4. To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field?  
\_\_\_\_\_
5. How do you perceive this person reacting when placed in a stressful situation or working under pressure?  
Circle one: Wise Sensible Irrational Impractical Hysterical Other \_\_\_\_\_
6. Please indicate whether or not you recommend this applicant as being suitable to enter the Healthcare Courses.  
Circle one: RECOMMEND WITH ENTHUSIASM RECOMMEND  
RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

Please check or write in the spaces to indicate the traits that best describes the applicant:

	Above Average	Average	Below Average	No Basis to Judge Applicant
Communication skills, clarity				
Cooperation, team player, ability to get along with others				
Courtesy				
Dependability or Reliability				
Helpful to others, motivated				
Honesty				
Initiative				
Leadership ability				
Maturity, Emotional Stability, Coping, (response to conflict)				
Neatness , Appearance (tidy, clean)				
Organized				
Perseverance, Stamina				
Promptness (responsiveness)				
Quality of Work, Accuracy				
Quantity of Work				
Responsibility				
Seeks Help when needed				
Sound Decision Making				

Signature of Person Completing Reference: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Personal Reference Form – Health Sciences Division - Perioperative Nursing

**COMPLETED BY STUDENT:** I, \_\_\_\_\_ give permission to \_\_\_\_\_ to fill out this personal reference for me. I appreciate their candor and understand that this form is confidential. However, Under Federal law entitled the "Family Educational Rights and Privacy Act of 1974", students are given the right to inspect their records including recommendation forms. I \_\_\_\_do \_\_\_\_do not waive my rights to review the content of this form. I do release them from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address: Gulf Coast State College, Attn: Health Sciences - **PERIOPERATIVE NURSING**, 5230 West Highway 98, Panama City, Florida 32401.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Completed by person authorized to complete Reference:

- How long have you known this applicant and in what capacity? \_\_\_\_\_  
How well do you know the applicant? \_\_\_\_\_ Very Well \_\_\_\_\_ Fairly Well \_\_\_\_\_ Slightly
- In the healthcare field, healthcare personnel have access to confidential information from charts and files and are required to handle drugs and controlled substances. With this in mind, do you place full confidence in the applicant's integrity?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain why: \_\_\_\_\_
- Would you allow this individual to provide healthcare for you or your family if you were ill? YES \_\_\_\_\_ NO \_\_\_\_\_  
If no, please explain why: \_\_\_\_\_
- To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field?  
\_\_\_\_\_
- How do you perceive this person reacting when placed in a stressful situation or working under pressure?  
Circle one: Wise    Sensible    Irrational    Impractical    Hysterical    Other \_\_\_\_\_
- Please indicate whether or not you recommend this applicant as being suitable to enter the Healthcare Courses.  
Circle one: RECOMMEND WITH ENTHUSIASM    RECOMMEND  
RECOMMEND WITH RESERVATIONS    DO NOT RECOMMEND

Please check or write in the spaces to indicate the traits that best describes the applicant:

	Above Average	Average	Below Average	No Basis to Judge Applicant
Communication skills, clarity				
Cooperation, team player, ability to get along with others				
Courtesy				
Dependability or Reliability				
Helpful to others, motivated				
Honesty				
Initiative				
Leadership ability				
Maturity, Emotional Stability, Coping, (response to conflict)				
Neatness , Appearance (tidy, clean)				
Organized				
Perseverance, Stamina				
Promptness (responsiveness)				
Quality of Work, Accuracy				
Quantity of Work				
Responsibility				
Seeks Help when needed				
Sound Decision Making				

Signature of Person Completing Reference: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_