



**Arkansas Children's Hospital**  
1 Children's Way  
Little Rock, AR 72202

## Letter of Personal Recommendation

The following state indicates the applicant's submitted signed response to the Letter of Recommendation Waiver.

- I waived my right to inspect the contents of this recommendation.
- I did not waive my right to inspect the contents of this recommendation.

*Deadline for submission is October 17, 2014*

**Name of Applicant:** \_\_\_\_\_

is applying for a Nurse Residency position at Arkansas Children's Hospital. The Nurse Residency program is an 18-week clinical orientation designed to support new graduate nurses as they transition into professional nursing practice. Focusing on pediatric specific curriculum and clinical experiences, the residency program will facilitate the Nurse Resident to deliver safe and competent care to the patients at Arkansas Children's Hospital. ***An applicant who is a current Arkansas Children's Hospital Employee must provide a reference from their current supervisor who can attest to the applicant's suitability to continue in a professional role.***

**How long have you known this applicant?** \_\_\_\_\_

**Applicant rating:** Check the column of the rating that is most applicable.

	Outstanding 4	Above Average 3	Average 2	Below Average 1	Do Not Know 0
Judgment and Common Sense					
Compassion and Concern for Others					
Problem Solving					
Professional Accountability/Leadership					
Communication Skills					
Integrity					
Collaboration					
Safety					
Initiative					

**What qualities or characteristics does the applicant have that would contribute to his/her success as a Pediatric Nurse Resident?**

**I would recommend this person for a nurse resident position.  Yes  No**

**If no, please state concerns.**

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_

(Submitting this form via your email address serves as an electronic signature.)

**Please submit this form via:**

**E-mail to [nurse.residency@archildrens.org](mailto:nurse.residency@archildrens.org)**

**In Subject line please place applicant's name**