## Citizens School of Nursing Professional Reference

## THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Last	First	MI
I waive my right to have ac I <u>do not</u> waive my right to l	ccess to this reference. have access to this reference.	
Signature	Date	

## NOTE: The following reference must be completed by someone who is not a relative of the applicant.

<u>REFERENCE</u>: The above applicant is being considered for admission to the Advanced Standing LPN Program at Citizens School of Nursing. The purpose of this form is to aid the Admissions Committee in assessing the individual professional and clinical competencies as an LPN in order to be granted advanced placement. Your cooperation in completing this reference form will help the committee gain a better understanding of the applicant.

- 1. What has been the nature and duration of your relationship with this applicant?
- 2. Do you feel within the scope of practice of the LPN this applicant has been able to deliver safe care to patients?
- 3. Do you feel this applicant has the potential to develop critical decision-making skills?
- 4. Do you feel this applicant has the potential to develop the leadership skills of a professional registered nurse?

## 5. Please rate the applicant on the following:

		Above	Average	Below	Not
		Average		Average	Applicable
5a.	Maturity				
5b.	Integrity				
5c.	Ability to relate to peers				
5d.	Ability to relate to those in authority				
5e.	Ability to accept responsibility				
5f.	Ability to accept constructive criticism				
5g.	Ability to be self directing				

6. Additional comments (such as strengths, weaknesses or other information that the Admissions Committee should consider in making their decision):

7. Do you recommend this person for admission to Citizens School of Nursing?

Date			
Signature			
Print Name			
Position			
Address			
Number, street	City	State	ZIP code
Daytime phone	-		
Please <b>return this form directly to:</b> Registrar			
Citizens School of Nursing 651 Fourth Avenue New Kensington, PA 15068			

Email: mkillian@wpahs.org