

Appendix A. Reference Form

To Be Completed by Faculty Member, Clinical Instructor, or RN Supervisor (Two (2) Required)

Reference Name: _____

Title/Role: _____

Organization/School: _____

Phone/Email: _____

How long have you known the applicant? _____

Please rate the applicant in the following areas:

Attribute	Excellent	Good	Fair	Needs Improvement
Clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Reference Signature: _____ Date: _____

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