

Professional Reference Form

Name of Applicant: _____

Name of Reference: _____ Email Address: _____

Position: _____

Agency: _____

Address: _____

Signature of Person Providing Reference: _____ Date: _____

(Signature must be physically signed, not typed)

ATTENTION:

This reference form should be returned to the applicant in a SEALED envelope with the reference's signature across the sealed flap.

Applicant, if the envelope is submitted to Frontier Nursing University without the reference's signature across the sealed flap, it will not be considered as part of your packet and will cause your packet to be incomplete.

Please answer the questions below:

The above named person has made application to the Frontier Nursing University and is requesting you to serve as a reference. Please comment on the following.

Length of time you have known the applicant: _____

Capacity in which you know applicant: _____

Please rate the applicant in each of the attributes listed below:

Personal	4 Outstanding	3 Above Average	2 Average	1 Below Average	N Not Observed
Intellectual Curiosity Raises meaningful questions and seeks answers					
Dependability Follows through on commitments					
Performance under Stress Accomplishes goals in stressful situations					
Open Mindedness Gives thoughtful consideration to new ideas					
Assertiveness Expresses own beliefs and acts on them without hurting others					
Self-confidence Carries out actions with assuredness					
Integrity Functions on the basis of accepted ethical standards					
Flexibility Changes or modifies behavior when appropriate					

Personal	4 Outstanding	3 Above Average	2 Average	1 Below Average	N Not Observed
Sensitivity to Change Alert to and considerate of needs of clients and colleagues					
Tolerance of Ambiguity Functions without rigidly defined, externally imposed structure					

Comments:

Please rate the applicant in each of the attributes listed below.

Professional	4 Outstanding	3 Above Average	2 Average	1 Below Average	N Not Observed
Problem-Solving Ability Uses a systematic approach to the identification and solution of problems					
Accountability Accepts responsibility for own decisions and actions					
Leadership Potential Able to motivate and direct others					
Decision Making Ability Considers alternatives and takes appropriate actions					
Self-Directness Plans and executes actions independently					
Understands Limitation Sets self-expectations congruent with own capabilities					
Seeks Help Appropriately When situation exceeds capabilities					
Communication with Others Establishes ideas succinctly and logically in writing and when speaking					

Comments:

In your experience with other nurses, please evaluate the applicant's professional competence:

- 4 - Most
- 3
- 2
- 1 - Least

Would you seek out this individual to care for you or your family? If no, why not?

Please comment on applicant's ability to work collaboratively with:

Clients:

Peers:

Other Professionals:

Please comment on applicant's ability to work collaboratively:

The nature of the Community-Based Education Programs for CNMs and NPs require that the applicant have the ability to be a self-directed, independent learner who will seek faculty to help and support as needed by telephone or written correspondence.

Please comment on the applicant's potential for successful completion of the Community-Based Education Programs for CNMs and NPs.