



Reference Form Practical Nursing Program

I, _____, an applicant to Standard Health Care Practical Nursing Program, release the individual and the school from all claims or liabilities that might arise from the disclosure of information on this reference inquiry.

Name of applicant:

The above applicant is a candidate for admission to the Standard Health Care Practical Nursing Program. Your comments will be considered confidential and will be used only by the faculty members to help them to arrive at a better understanding of the applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and the school.

1. How long have you known the applicant and in what capacity?

2. What do you consider the chief qualities of strength or weakness of the applicant? If possible, give illustration.

3. Do you place full confidence in the applicant's integrity? Please explain.

4. Does the applicant have any characteristics, which might limit success in this career? If so, Please specify:

5. What experience has the applicant had which might have influenced his/her development?
 - a. Favorably

 - b. Unfavorably

6. Does the applicant like to work with people?

What experience has she he had which supports your answer?

Additional comments:

7. To the best of your knowledge, how does the applicant respond to stress? Use examples if needed.

Please indicate whether or not you endorse this applicant as a suitable candidate for this program. Please give a reason for your answer.

Other comments you wish to make.

Endorse Endorse with enthusiasm Do not endorse

Signature: _____ Date: _____

Position: _____ Tel: _____

Address: _____

Please mail reference form to:

**Standard Health Care, Inc.
7704 Leesburg Pike Suite 1000
Falls Church, VA 22043**