

NANCY J. KNIGHT SCHOOL OF NURSING
OHIO HI-POINT CAREER CENTER
REFERENCE SHEET/ADMISSION COMMITTEE

Name of applicant: _____

Reference person: _____

I hereby give the above named reference person permission to provide confidential information regarding my character and ability.

Applicant's Signature

Date

Please answer the following questions to the best of your ability. Information provided is strictly confidential.

1. How long have you known this applicant? _____
2. In what capacity do you know this individual? (friend, employer, etc)? _____

3. If you are /were an employer, please provide the following work history:
Date of employment: From: _____ To: _____ Position: _____
Work record: _____
4. Do you believe this person has qualities that will make him/her successful as a practical nurse?
Yes: _____ No: _____
Please give an example. _____

5. Describe how the individual relates to others. _____

6. Describe identified strengths of the applicant. _____

7. Describe identified areas that you would recommend change in. _____

8. List school, community, and/or activities that the applicant pursues. _____

9. General comments regarding the applicant: _____

10. Circle the following statement that best expresses your recommendation.

- a. I strongly endorse this applicant.
- b. I endorse this applicant.
- c. I endorse this applicant with reservation.
- d. I do not endorse this applicant

Signature _____ Date _____

Print Name _____

Address _____

City _____ State _____

Telephone Number _____

Please return form to: Amy Main
Health Occupations Coordinator
Nancy J. Knight School of Nursing
2280 St. Rt. 540
Bellefontaine, Ohio 43311
Ohio Hi-Point Career Center
(937) 599-3010 Ext. 400

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