

FRED W. EBERLE TECHNICAL CENTER

School of Practical Nursing

208 Morton Ave
Buckhannon, West Virginia 26201
(304)472-1276 Fax:(304)472-4993
Web <http://www.fetc.edu>



TO BE COMPLETED BY APPLICANT

I, _____ herby authorize and release the person whose signature appears at the end of this reference form from any liability for completion of this document.

Signature of Applicant _____
Social Security Number (last 4) _____ Date _____

TO BE COMPLETED BY REFERENCE

To Whom It May Concern,

Thank you for your assistance. For your protection, please make sure that the applicant has signed above. A self-addressed envelope was to be provided by the applicant. Please complete this form and mail it directly to the school. It will play a role in our selection process, so please answer all of the questions as completely and fairly as possible.

1. In what capacity do you know the applicant?

2. What do you consider the applicant's ..

A. Strengths:

B. Weaknesses:

3. Please provide a brief statement concerning the student's personality, involvement in community activities, and leadership potential.

4. If a member of you family were advised by a physician to employ a Licensed Practical Nurse during an illness, would you have enough confidence in this applicant to employ them after graduation from this course of instruction?

Please explain your answer.

5. Would you recommend this person for the Licensed Practical Nursing Program?

_____ Yes _____ No _____ With Reservations

Comments:

6. Please rate the applicant's following characteristics.

Dependability

1 2 3 4 5
Not very Sometimes Most of the time Very Always

Commitment

1 2 3 4 5
Not very Sometimes Most of the time Very Always

Positive Attitude

1 2 3 4 5
Not very Sometimes Most of the time Very Always

Responsibility

1 2 3 4 5
Not very Sometimes Most of the time Very Always

Print Name _____

Signature _____

Position/Title _____

Address _____

Daytime Phone: _____