



NURSE TECH & GRADUATE NURSE REFERENCE FORM

Name of Candidate (Please Print) _____

THIS SECTION TO BE COMPLETED BY STUDENT/GRADUATE

I HEREBY AUTHORIZE _____, Clinical Instructor, to release information regarding my clinical and academic performance.

Student's Signature: _____ Date: _____

- DIRECTIONS: 1. For Student Nurses - This form is to be completed by the student's most recent clinical instructor. 2. For Graduate Nurses - The clinical instructor in the area in which the graduate is applying must complete the form (i.e., if applying for Pediatrics, the Pediatrics clinical instructor should complete form). 3. This form must be faxed by the instructor to Human Resources at (316) 962-7931. The completed form must be received prior to a scheduled interview.

THIS SECTION TO BE COMPLETED BY INSTRUCTOR

Name (Student/Graduate): _____ School of Nursing: _____ Circle One

Semester: _____ Anticipated Date of Graduation: _____ Degree: _____ GPA: _____

Clinical Instructors: Please rate the student nurse or graduate nurse in the following areas on a scale of 1 to 4. (1 - Needs Improvement; 4 - Excellent)

Table with 5 columns: Skill Area, 1, 2, 3, 4. Rows include ATTENDANCE, ATTITUDE, COMMUNICATION, CRITICAL THINKING SKILLS, MOTIVATION, TAKES RESPONSIBILITY, OVERALL PERFORMANCE.

COMMENTS: (Comments for graduate nurses should focus on area in which they are applying.)

Has the student repeated any nursing course? Yes/No If Yes, what course: _____

I hereby certify that the student has completed a course in basic nursing skills.

Signature: _____ Title: _____ Date: _____

Clinical Area: _____ Daytime Phone Number _____