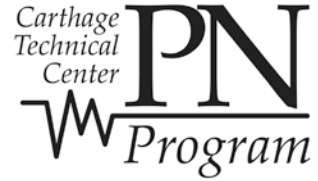


# LETTER OF REFERENCE



APPLICANT: \_\_\_\_\_

*The above named applicant has applied for admission to the Carthage Technical Center Practical Nursing program. Please complete this form and return it as soon as possible. The applicant has signed a waiver of confidentiality. All information supplied will be kept confidential. Please give us your candid opinion of the person's suitability for the duties of the Practical Nursing program.*

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

How long have you known the applicant? 0-5 yrs. 6-10 yrs. 11-20 yrs. Lifetime  
 Has he/she been under your supervision? YES NO

**On a scale of one to five, with (5) being the highest, and (1) being the lowest possible rating, please rate the applicant named above.**

**Place a check mark in the space provided below to best describe the applicant.**

	Consistently Excellent	Very Good	Average	Below Average	Needs Improvement
PERSONAL QUALITIES	5	4	3	2	1
Disposition					
Honesty					
Communication Skills					
Interpersonal Relations					
Conflict Management					
Organization and Planning					
Problem-solving					
Self- Motivation					
Dependability - Commitment to Task					
Responsibility					
Punctuality					
Attendance					
For Office Use Only					

Please state briefly what you believe to be his/her greatest *strengths*:

\_\_\_\_\_

Please state briefly what you believe to be his/her greatest *challenges*:

\_\_\_\_\_

Do you recommend this applicant for our program? YES NO

PLEASE COMPLETE THIS INFORMATION BELOW:

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

*Please return the completed form to Carthage Technical Center Practical Nursing program in care of Amanda Witt at 609 S. River Street, Carthage, MO 64836 or fax it to (417)359-7419. **Do not send it with the applicant.** References must be received by September 22, 2023.*