RANDOLPH TECHNICAL CENTER

SCHOOL OF PRACTICAL NURSING

200 Kennedy Drive

Elkins, WV 26241

Telephone: (304) 636-9195 Fax: (304) 636-9169

**Reference/Recommendation Form**

**(Postmarked by September 30, 2019)**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern:

Thank you for your assistance in the interest of the above-named applicant to the LPN Program at the Randolph Technical Center. Please complete this form and return it to us **postmarked by September 30, 2019.** It will play a role in our selection process, so please answer all the questions as completely and as fairly as possible. **Please remember, relatives and/or significant others CANNOT be used as references**.

1. In what capacity, do you know the applicant?
2. What do you consider the applicants?

A. Strengths:

B. Weaknesses:

1. Please rate the following characteristics on a 1-5 scale with 1 being poor and 5 excellent:

Poor Fair Average Very Good Excellent

A. Initiative 1 2 3 4 5

* 1. Punctuality 1 2 3 4 5
  2. Integrity 1 2 3 4 5
  3. Dependability 1 2 3 4 5

1. Please provide a brief statement concerning the students personality, involvement in community activities, and leadership potential.
2. Would you recommend this person for the Licensed Practical Nursing Program?

\_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ With Reservations

COMMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please add any additional comments about this applicant to the back of this sheet.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_