

DATE _____

RE: _____

We have received an application for the Doctor of Nursing Practice program from the above-named applicant. You have been listed as a reference. Based on your direct observation and/or knowledge of the applicant's competence in his/her specialty, please answer the following:

How many years have you known the applicant? _____

What is your relationship to the applicant? _____

Please base your evaluation on the applicant's demonstrated performance compared to that reasonably expected of a practitioner at his/her level of training, experience and background.

	Reliable	Usually Reliable	Frequent Problems	Unknown
Basic clinical/technical knowledge	_____	_____	_____	_____
Relevant training & experience	_____	_____	_____	_____
Technical & clinical skills	_____	_____	_____	_____
Professional judgment & clinical judgment	_____	_____	_____	_____
Sense of responsibility	_____	_____	_____	_____
Interpersonal skills	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____
Cooperativeness & ability to work with others	_____	_____	_____	_____
Relationship with patients	_____	_____	_____	_____
Ethical conduct & professionalism	_____	_____	_____	_____

To your knowledge, does the applicant have any mental or physical health problems which might affect the ability to practice in his/her specialty? ____ No ____ Yes
 (If Yes, please explain in Comments Section below.)

Please provide summary of overall impression/recommendation: _____

Additional Comments: _____

PLEASE CHECK ONE: ____ I RECOMMEND ____ I DO NOT RECOMMEND

 Signature

Please return this form via FAX to 970-248-1133 to the attention of Dr. Sandy Forrest, or use enclosed envelope. Thank you for your assistance.

Sincerely,
 Dr. Sandy Forrest