

**Associate of Science in Nursing Degree Program
Ozarks Technical Community College**

Professional Reference Form

Application Deadline: March 1st

Applicant's Name: _____ Date: _____

Applicant hereby authorizes individual/business/firm/institution to whom this form has been addressed to issue any information regarding their service, character, personality and competencies, and do hereby unconditionally release named individual/business/firm/institution from all liability for any damage whatsoever which might result from furnishing this information.

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**Your Response Will Be Kept Confidential**  
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The person named above has applied to the ASN Program. Your assessment of the applicant's characteristics will enable the ASN Program admissions committee to evaluate whether this applicant meets the program standards. Please place a checkmark in each category. Hand-deliver or mail to: Allied Health Office, Ozarks Technical Community College, 1001 East Chestnut Expressway, Springfield, MO 65802-3625

	Below Average	Average	Above Average	Excellent	Not Observed
Uses the nursing process (assessment, diagnosis, outcome identification, planning/implementation, and evaluation) in providing care to clients					
Seeks opportunities to acquire and develop new skills					
Demonstrates knowledge of legal ethical issues including client privacy/confidentiality					
Provides care that respects the values and beliefs of members of all cultures					
Communicates appropriately with clients and other healthcare providers regarding client care					
Recognizes principles of growth and development when providing care					
Provides care in a safe and cost-effective manner					
Clinical performance reflects scientific knowledge/rationales for nursing actions					
Personal appearance					
Clinical skill competence					
Work habits (absences, tardiness, etc.)					
Motivation for pursuing additional education					

What is your relationship with the applicant? PN Program Director PN Instructor
 Supervisor Other _____

How long have you known the applicant? _____

As an overall evaluation, considering all the individuals in the health care field with whom you are acquainted, how would you rate this applicant?

- Upper 5% Upper 25% Middle 50% Lower 25% Lower 5%

Additional comments may be added on the back of this form.

Signature/Title _____ Date _____

Print Name _____ Contact Phone Number _____