



PROFESSIONAL REFERENCE

APPLICANT INFORMATION (To be completed by applicant and forwarded to current or most recent nursing employer.)

Name of applicant: _____ Maiden/ former name(s): _____

Name of Reference: _____ Position title: _____

EMPLOYER REFERENCE (To be completed by applicant's Supervisor/Employer)

Dates employed from _____ to _____ Status: Full time Part-time

Characteristics	Very Good	Average	Fair	Poor
A. Personal Qualities				
1) initiative				
2) motivation				
3) reliability				
4) maturity				
B. Relationship with				
1) peers				
2) clients				
3) co-workers				
3) other professionals				
C. Nursing Potential				
1) ability to organize work				
2) ability to apply knowledge				
3) ability to meet the standards of care				
4) leadership				

On the basis of past performance, would you re-employ this nurse? Yes No

If no, please elaborate: _____

Is this reference based on personal knowledge? Yes No **or personnel file?** Yes No

Printed name: _____ **Signature:** _____

Title: _____ **Agency:** _____

Address: _____

Date: _____ **Telephone number:** (_____) _____

This reference must be submitted directly to NANB.