

**NATIONAL PARK COMMUNITY COLLEGE
PRACTICAL NURSE PROGRAM**

101 College Drive
Hot Springs, AR 71913

VERIFICATION OF RECOMMENDATION

_____ has applied for admission to the Practical Nursing Program at National Park Community College and has authorized us to contact you for a recommendation concerning his/her admission. We would appreciate your completing this form and returning it to us within five days. Thank you.

How long have you known the applicant? _____

In what capacity?

If through employment:

Applicant's Job Title: _____

Applicant's major job duties:

Do you recommend this applicant for training as a practical nurse?

- _____ Highly Recommend
_____ Recommend
_____ Recommend, but with reservation
_____ Not Recommend

Do you know of any physical, mental handicaps or health problems which might limit learning, ability or success in the health care field? Yes _____ No _____

If yes, please describe:

Applicant's Name: _____

What characteristics do you consider to be the applicant's strength?

What characteristics do you consider to be the applicant's weakness?

Do you have knowledge of problems the applicant has with drug use or legal matters?

Yes _____ No _____

How do you rate this candidate's ability to work as a member of a team?

Excellent _____ Satisfactory _____ Poor _____

How do you rate this candidate's ability to handle stress?

Excellent _____ Satisfactory _____ Poor _____

Please give your appraisal of the applicant in terms of the qualities listed below by checking the appropriate spaces.

Qualifications	Superior	Good	Fair	Poor	No Basis for Judgment	Comments
Intellectual Ability						
Dependability						
Emotional Stability						
Attitude						
Motivation						
Ability to work with others						
Ethical Behavior						
Self Confidence						
Maturity						
Initiative						

Please use the space below for additional comment.

Name of person verifying recommendation: _____

Phone number _____ Date _____