

## University of the District of Columbia Community College Division of Nursing, Allied Health, Life, and Physical Sciences Practical Nurse (PN) Certificate Program

## **Nursing Recommendation Form**

## **NOTE TO APPLICANT:**

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Please type or print your name on the line marked *Name of Applicant* before giving this form to a current or recent employer, supervisor, teacher, or professor. **Do not ask immediate family members or nursing faculty to complete this recommendation.** Deliver or mail the forms and stamped envelopes to the two persons who will write the recommendations. Recommendations may be hand delivered with the application if the evaluator signs across the sealed envelope. **All recommendations are to be sent to:** 

Mr. Hector Mendoza Arias Student Navigator of the Division of Nursing, Allied Health, Life, and Physical Sciences Email: hector.mendozaarias1@udc.edu

**NOTE TO THE RECOMMENDER:** The student named below has applied for admission to the UDC PN Certificate Program. Please provide the Committee with an objective evaluation of the candidate by completing this recommendation form. *Please feel free to attach sheets if needed.* 

Last	First	Middle/Maiden		
How long have you known the applicant and in what capacity?				
What do you consider to be the applic	ant's outstanding strengths [provide spe	cific examples]?		
What do you consider to be the applic	ant's primary weaknesses [provide speci	ific examples]?		

## 4) How do you rate this applicant?

INSTRUCTIONS:	Check the appropriate column. Indicate the applicant's rating for each area from excellent to poor. Check do not know for categories that you are unable to evaluate.	EXCELLENT	GOOD	AVERAGE	POOR	MONY TON OD
1	Intellectual Ability					
2	Conceptual Ability					
3	Writing Skills					
4	Oral Expression					
5	Work Quality Under Stress					
6	Organizational Skills					
7	Adaptability					
8	Accountability					
9	Resourcefulness					
10	Ability to Work with Others					
11	Emotional Stability					
12	Creativity					
13	Dependability					
14	Motivation					
15	Judgment					

5)	Additional comments on rating:						
6)	Check your overall recommendation with an "X" to indicate your rating of the applicant for nursing education?						
	Highly Recommended Recommended Not Recommended Not Recommended						
<b>'</b> )	Comments on the overall recommendation:						
)	RESPONDENT INFORMATION:						
	Name:						
	Signature:						
	Position/Title:						
	Address:						
	Telephone: Date:						