



PROFESSIONAL REFERENCE (L.P.N. ONLY)

**Name of
Applicant** _____

Last

First

Middle

Previous

PART I: To be completed by Applicant

In compliance with the Family Educational Rights and Privacy Act of 1974 as amended in 1981, an applicant is granted the right to relinquish access to letters of reference. To assure that your records are held in compliance with the law, check one of the following:

____ I give up my right to read this letter of reference.

____ I do not give up my right to read this letter of reference.

Applicant's signature _____ Date _____

NOTE: Reference must be completed by someone who is not a relative of the applicant.

REFERENCE: The above applicant is being considered for Admission to the Advanced Standing LPN Program at Citizens School of Nursing. The purpose of this form is to aid the Admissions Office in assessing the individual professional and clinical competencies as an LPN in order to be granted advanced placement. Your cooperation in completing this reference will help gain a better understanding of the applicant abilities

1. What has been the nature and duration of your relationship with this applicant?

2. Do you feel within the scope of practice of the LPN this applicant has been able to deliver safe care to patients?

3. Do you feel this applicant has the potential to develop critical decision-making skills?

4. Do you feel this applicant has the potential to develop the leadership skills of a professional registered nurse?



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	Above Average	Average	Below Average	Not Applicable
5a. Maturity				
5b. Integrity				
5c. Ability to relate to peers				
5d. Ability to relate to those in authority				
5e. Ability to accept responsibility				
5f. Ability to accept constructive criticism				
5g. Ability to be self-directing				

6. Additional comments:

7. Do you recommend this person for admission?

Date _____ Signature _____

Print Name _____

Position _____

Address _____

Address _____

Phone # _____

RETURN THIS FORM DIRECTLY TO:

ADMISSIONS OFFICE
CITIZENS SCHOOL OF NURSING
539 Pittsburgh Mills Circle
Tarentum, PA 15084

E-MAIL: CSONADMISSIONS@AHN.ORG