



NURSING PROGRAM REFERENCE FORM

1600 South 25th East ~ Idaho Falls, ID 83404

Healthcare Department Phone: (208) 535-5437

Applicant Instructions: The reference form must be submitted IN A SEALED ENVELOPE with your completed application.

Reference Instructions: Return reference in a sealed envelope to applicant. Sign across the seal of the envelope for official recognition. Do not fax or E-mail to CEI.

STUDENT INFORMATION

 LAST NAME FIRST NAME M.I. PHONE # (with area code)

 ADDRESS CITY STATE ZIPCODE

 CEI STUDENT ID#

RELATIONSHIP TO STUDENT

What is your relationship to the applicant & how long have you know the applicant? _____

Employer: _____ Instructor: _____

Please check in the space below to indicate your opinion of the applicant. Your comments will be available to the selection.

Characteristics	Superior 5	Above Average 4	Neutral 3	Average 2	Below Average 1
FLEXIBILITY					
ACCEPTS RESPONSIBILITY					
LEARNING CAPABILITIES					
CONSISTENT ATTENDANCE					
WORKS WELL WITH OTHERS					
COMMON SENSE					
INITIATIVE/ ENTHUSIASM					
FOLLOWS DIRECTIONS					
PUNCTUALITY					
RELIABILITY/ TRUSTWORTHY					
TIME MANAGEMENT					
PROFESSIONALISM					

OTHER COMMENTS/ ANYTHING THAT WE HAVEN'T ASKED THAT WE SHOULD KNOW?

SIGN THE WORKSHEET

Signature and Title: _____ Date: _____

Print Name: _____ Company/Agency: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____