

**Isothermal Community College
Associate Degree Nursing
PROFESSIONAL REFERENCE**

Name of Applicant _____

Applicant, please add your name and select a waiver **PRIOR** to giving this form to your reference.
 I _____
 Waive my rights to read/review any contents of this reference. **DO NOT** waive my rights.
 Applicant Signature: _____ Date: _____

Please provide information that would assist in the consideration of the person named above for admission to the associate degree nursing program preparing for licensure as a registered nurse.

How long have you known the applicant? _____

In what capacity have you known the applicant: *Teacher/Professor* _____ *Employer/Supervisor* _____ *Other* _____
 ➤ ***No relatives, friends, or co-workers can be used as references.**

Please complete based on your opinion of the applicant's characteristics in the following areas:

Personal Characteristics	Unknown	Below Average	Average	Above Average
Honest				
Trustworthy				
Emotional Stability				
Judgment				
Assertiveness				
Team Player				
Resourcefulness				
Dependability				
Neatness				
Punctual				

List any special interests, talents, strengths, or weaknesses of the applicant. (Use the reverse side if needed).

Has the applicant demonstrated the qualities of leadership in his/her school or community? Yes ___ No ___
 What is your opinion regarding the applicant's suitability for a program of studies leading to become a Registered Nurse?

Do Not Recommend		Recommend with Reservation	
Recommend		Highly Recommend	

Reference Signature: _____ **Date:** _____

Title or Occupation: _____

Mailing Address: _____ **Phone Number:** _____

Please place in a SEALED ENVELOPE and return to the applicant

or to the Health Science Success Coordinator:
 Katie Edwards, BSN, RN
 Isothermal Community College
 P.O. Box 804 Spindale, NC 28160