



**Dear Sir or Madam,**

**This person herein named has made application for employment at Central Arkansas Veterans Healthcare System. Information regarding the applicant's work history is an important part of our employment review process for all nurses, graduating nurses and student nurses. Your timely and thoughtful feedback about this applicant will assist us with our employment decision. After completing the information on the reverse side of this form, you may return it to the applicant or fax it to USAJOBS using the official fax cover sheet provided by the applicant. If you have any questions, you may contact us at (501) 257-1756.**

**Thank you in advance for your assistance,**

**CAVHS Nurse Recruitment**

Title 5, United States Code, grants the VA the authority to make inquiries concerning the fitness and qualifications of an applicant for employment in the VA. Please understand that we regard the provision of this information on your part as voluntary.

The information you provide on the above named individual will be disclosed to the individual on his or her request.

Central Arkansas Veterans Healthcare System Reference Form: **LICENSED PRACTICAL NURSE**

1. NAME AND TITLE OF APPLICANT WHILE UNDER YOUR SUPERVISION:	2. NAME OF FACILITY:
3. YOUR RELATIONSHIP TO APPLICANT: <input type="checkbox"/> supervisor (clinical) <input type="checkbox"/> co-worker <input type="checkbox"/> supervisor (non-clinical) <input type="checkbox"/> other	4. LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT PROFESSIONALLY:  _____ yrs.      _____ mo.

***This section to be completed by employer only***

5. DATES OF SUPERVISION:  From: _____  To: _____	6. APPLICANT WAS EMPLOYED:  <input type="checkbox"/> FULL TIME  <input type="checkbox"/> PART TIME	7. AVERAGE HOURS APPLICANT WORKED PER WEEK:  _____	8. REASON APPLICANT LEFT YOUR EMPLOYMENT:  _____
9. TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER HAD ANY LICENSE REVOKED, SUSPENDED, RESTRICTED, LIMITED, ISSUED/PLACED IN A PROBATIONARY STATUS OR DENIED?  <input type="checkbox"/> YES <input type="checkbox"/> NO		10. WOULD YOU REHIRE THIS APPLICANT?  <input type="checkbox"/> YES <input type="checkbox"/> NO (if "NO", please explain)	

11. RATE THESE PERFORMANCE FACTORS:	Excellent	Satisfactory	Unsatisfactory	Unable To Evaluate
a) Clinical skills/knowledge				
b) Medication administration				
c) Documentation				
d) IPR skills/customer service: d.1 patients/families				
d.2 coworkers/supervisors				
e) Teaching skills				
f) Professional ethics (patient rights, confidentiality, accountability)				
g) Dependability (attendance, punctuality, timely completion of work assignments)				
h) Overall rating/evaluation of factors				

12. ESTIMATE TIME REGULARLY SPENT PERFORMING THE FOLLOWING DUTIES:

\_\_\_\_\_ % direct patient care (assessing, planning, implementing, evaluating care)

\_\_\_\_\_ % managerial/administrative

\_\_\_\_\_ % patient/staff education

\_\_\_\_\_ % research

\_\_\_\_\_ % other (specify)

**13. CHECK THE SECTION THAT BEST DESCRIBES THE APPLICANT'S LEVEL OF PRACTICE:**

> Work assignment requires close supervision by the RN/MD.  
 > Delivers safe, basic patient care.  
 > Demonstrates basic knowledge of practical nursing procedures.  
 > Administers commonly prescribed medications.  
 > Adheres to established policies/procedures.  
 > Seeks opportunities to acquire and develop practical nursing skills.

> Requires general supervision by the RN/MD with closer supervision for more complex procedures.  
 > Demonstrates broad knowledge of practical nursing procedures.  
 > Works with the RN or MD to orient/train less experienced support staff.  
 > Provides effective education to patients and/or family members re: common disease processes, medication, and/or prescribed treatment regimes.  
 > Prepares/ administers prescribed medication.  
 > Seeks educational opportunities to maintain practical nursing skills.

> Work results require only a general review by an RN/MD.  
 > Technically proficient in initiating, performing and completing assigned duties.  
 > Provides care to a variety of patient populations.  
 > Demonstrates sound judgment and decision- making appropriate to role responsibilities.  
 > Organizes and prioritizes work assignments appropriately.  
 > Prepares/ administers prescribed medication and performs treatments with appropriate observation and documentation of patient response.  
 > Effectively performs support duties for complex diagnostic tests and/or specialized practices or procedures, which include preparing the patient, assisting in the diagnostic examination, preparing and handling specialized instruments or other specialized equipment, and monitoring the patient's condition before, during, and following the procedure.  
 > Serves as a preceptor in orienting, educating, and training less experienced LPN's and/or support staff.  
 > Seeks educational opportunities to enhance knowledge/skills and shares with other staff.

14. PRINTED NAME	15. YOUR POSITION AND TITLE
16. SIGNATURE      DATE	17. NAME OF YOUR FACILITY AND PHONE NUMBER