



Information regarding the applicant's work history is an important part of our employment review process for all nurses, graduating nurses and student nurses. To expedite that process for this applicant, please complete this reference form and return it to the applicant.

Thank you for your assistance,

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: **REGISTERED NURSE**

1. NAME AND TITLE OF APPLICANT WHILE UNDER YOUR SUPERVISION:

2. NAME OF FACILITY:

3. YOUR RELATIONSHIP TO APPLICANT:

- supervisor (clinical) co-worker
 supervisor (non-clinical) 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:

- FULL TIME
 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?

- YES NO

10. WOULD YOU REHIRE THIS APPLICANT?

- YES NO (if "NO", please explain)

11. RATE THESE PERFORMANCE FACTORS:

	Excellent	Satisfactory	Unsatisfactory	Unable To Evaluate
a) Clinical skills/knowledge				
b) Critical thinking/judgment				
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)				

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:

- > Delivers safe, basic patient care while developing technical competencies.
> Seeks opportunities to acquire and develop basic skills.
- > Independently delivers technically competent care to patients with basic or complex needs.
> Assists support staff/ students in learning basic procedures.
> Directs activities of support personnel;
> Seeks knowledge and skills appropriate to practice setting to develop competencies.
> Contributes to team conferences, discharge planning, and/or staff meetings.
- > Independently manages and delivers care for complex client situations.
> Guides/directs others who provide care. Delegates care in a safe, efficient, and cost-effective manner.
> Participates in quality improvement activities.
> Consults with other health care providers to formulate a collaborative plan of care.
- > Functions in a charge nurse or other unit level leadership role.
> Identifies, analyzes, and resolves problems.
> Demonstrates leadership in quality improvement activities.
> Functions as preceptor or mentor for less experienced staff. Utilized as a resource, sharing knowledge either formally or informally.
> Assesses resource utilization and safety issues and takes appropriate action.
- > Executes position responsibilities that demonstrate leadership, experience, and creative approaches to manage complex patient care.
> Impact of nursing practice goes beyond individual unit/department.
> Interdisciplinary leadership to improve organizational performance.
> Implements educational plan to meet department/program needs.
> Consulted by others for clinical/ professional expertise.
> Manages program resources.
> Shares clinical/professional expertise within or outside of facility through consultation, presentations, publication, or participation in professional organizations.

14. PRINTED NAME

15. YOUR POSITION AND TITLE

16. SIGNATURE

DATE

17. NAME OF YOUR FACILITY AND PHONE NUMBER