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: STUDENT NURSE

1. Name of Applicant:

2. Name of Facility/School of Nursing:

1. Please place a (√) opposite the category which most nearly characterizes your appraisal of the applicant.

CATEGORY	EXCELLENT	SATISFACTORY	ADEQUATE	WEAK
A. PERSONAL APPEARANCE				
B. CLINICAL KNOWLEDGE				
C. CLINICAL COMPETENCE/SKILLS				
D. PROFESSIONAL ATTITUDE				
E. CHARACTER				
F. EMOTIONAL STABILITY AND MATURITY				
G. INTERPERSONAL RELATIONS				
H. ABILITY TO WORK WITH OTHERS AS TEAM MEMBER				
I. WORK HABITS				
J. MOTIVATION FOR GRADUATE STUDY				
K. LEADERSHIP POTENTIAL				

2. How long have you known the applicant?

3. What has been your relationship with the applicant?

COMMENTS:

What do you consider to be the applicant's strengths?

What do you consider to be the applicant's challenges or areas for continued growth?

Has the student repeated any nursing course? Yes/No If Yes, what course: _____

PRINTED NAME	YOUR POSITION AND TITLE
SIGNATURE DATE	NAME OF YOUR FACILITY; PHONE AND NUMBERS

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