



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.

APPLICANT REFERENCE FORM: REGISTERED NURSE (OPERATING ROOM)

Central Arkansas Veterans Healthcare System

1. NAME OF APPLICANT:	2. SOCIAL SECURITY NUMBER:	3. LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT PROFESSIONALLY:
4. YOUR RELATIONSHIP TO APPLICANT: <input type="checkbox"/> supervisor (clinical) <input type="checkbox"/> supervisor (non-clinical) <input type="checkbox"/> co-worker <input type="checkbox"/> other (specify)		

5. RATE THESE PERFORMANCE FACTORS:	Excellent	Satisfactory	Unsatisfactory	Unable To Evaluate
a) Clinical skills/knowledge related to surgical diagnosis and procedure				
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)				
h) Safety (patient and self)				

6. ESTIMATE AMOUNT OF TIME REGULARLY SPENT PERFORMING THE FOLLOWING DUTIES:

_____ % direct patient care (circulating)

_____ % direct patient care (scrubbing)

_____ % managerial/administrative

_____ % patient/staff education

_____ % other (specify)

7. CHECK **ONE** 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 organization(s).

Additional comments may be written on back of form.

This section to be completed by employer.

8. DATES OF EMPLOYMENT: From: _____ To: _____ <input type="checkbox"/> full time <input type="checkbox"/> part time [average hours worked: _____ /week]	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. REASON APPLICANT LEFT YOUR EMPLOYMENT:	11. WOULD YOU REHIRE THIS APPLICANT? <input type="checkbox"/> yes <input type="checkbox"/> no

12. FACILITY/WORK PHONE NUMBER	13. POSITION/TITLE
14. PRINTED NAME	15. SIGNATURE _____ DATE _____