

SCHOOLS OF NURSING CITIZENS SCHOOL OF NURSING

PROFESSIONAL REFERENCE (L.P.N. ONLY)

Name of Applicant_				
–	Last	First	Middle	Previous
In compliance w		l Rights and Privacy Act		81, an applicant is granted the righ ce with the law, check one of the
I give up n	ny right to read this letter o	of reference	I do not give up my rig	ht to read this letter of reference.
Applicant's signa	ature		Da	ate
NOTE: Ref	erence must be con	npleted by someon	e who is not a relativ	e of the applicant.
at Citizens S professional	School of Nursing. The plant clinical competent	ourpose of this form is cies as an LPN in orde	to aid the Admissions C	anced Standing LPN Program office in assessing the individual d placement. Your cooperation abilities
1.	What has been the r	nature and duration of	your relationship with thi	s applicant?
2.	Do you feel within th deliver safe care to p		the LPN this applicant h	as been able to
3.	Do you feel this appl	icant has the potential	to develop critical decis	ion-making skills?
4.	Do you feel this applic professional register		o develop the leadership	o skills of a



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		Above Average	Average	Below Average	Not Applicable
5a.	Maturity	Avolugo		7 (Volugo	
5b.	Integrity				
5c.	Ability to relate to peers				
5d.	Ability to relate to those in authority				
5e.	Ability to accept responsibility				
5f.	Ability to accept constructive criticism				
5g.	Ability to be self-directing				

Additional comments:

7.	Do vou	recommend	this	person	for	admission	۱?
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Date	Signature	
Print Name		_
Position		
Address		
Address		
Phone #		

RETURN THIS FORM DIRECTLY TO: ADMISSONS OFFICE

CITIZENS SCHOOL OF NURSING

539 Pittsburgh Mills Circle Tarentum, PA 15084

E-MAIL: CSONADMISSIONS@AHN.ORG