CITIZENS SCHOOL OF NURSING
PERSONAL REFERENCE

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Name of Applicant ____________________________________________

( Last ) ( First ) ( Middle Name )

I waive my right to have access to this reference.

I do not waive my right to have access to this reference.

___________________                      _______
Signature                                       Date

NOTE: Reference must be completed by someone who is not a relative of the applicant.

REFERENCE: The above applicant is being considered for admission to Citizens School of Nursing. The purpose of this form is to aid the Admission Committee in assessing this individual's suitability for the nursing profession. Your cooperation in completing this reference will help the committee gain a better understanding of the applicant.

1. What has been the nature and duration of your relationship with this applicant?

2. In what activities or projects has the applicant participated?

3. Please identify leadership qualities/abilities of the applicant.

4. What experience has the applicant had which might have influenced his/her selection of nursing as a career?
5. Please rate the applicant according to the following characteristics based on your contact with him (her).

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<tr>
<th></th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>a. Maturity</td>
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<td>b. Integrity</td>
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<td>c. Ability to relate to peers</td>
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<td>d. Ability to relate to those in authority</td>
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<td>e. Ability to accept responsibility</td>
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<td>f. Ability to accept constructive criticism</td>
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<td>g. Ability to be self directing</td>
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6. If rated below average, please comment.

7. Do you recommend this person for admission?

Date __________ Signature ________________________________
Print Name __________________________
Position ______________________________
Address _______________________________
Address _______________________________
Phone # _______________________________

RETURN THIS FORM DIRECTLY TO: REGISTRAR
CITIZENS SCHOOL OF NURSING
539 Pittsburgh Mills Circle
Tarentum, PA 15084

WEB SITE: AHN.ORG
E-MAIL: CSON@AHN.ORG