CITIZENS SCHOOL OF NURSING
PROFESSIONAL REFERENCE

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Name of Applicant ________________________________________________________________
LAST FIRST MI

___ 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 the Advanced Standing LPN Program at Citizens School of Nursing. The purpose of this form is to aid the Admissions Committee in assessing the individual professional and clinical competencies as an LPN in order to be granted advanced placement. 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. Do you feel within the scope of practice of the LPN this applicant has been able to deliver safe care to patients?

3. Do you feel this applicant has the potential to develop critical decision-making skills?

4. Do you feel this applicant has the potential to develop the leadership skills of a professional registered nurse?
5a. Maturity
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

6. Additional comments: (Such as strengths, weaknesses or other information which the Admissions Committee should consider in making this decision.)

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