



PRACTICAL NURSING PROGRAM APPLICATION FOR PROGRAM ACCEPTANCE

NOTE: This nursing education program is a candidate for accreditation by the Accreditation Commission for Education in Nursing.

Step 1	<p>Complete the following prerequisite courses with a “B-” grade or higher and have a cumulative GPA of 3.0 <i>from a regionally accredited educational institution</i>:</p> <p>Required Courses: BIOL 2320 Human Anatomy* BIOL 2420 Human Physiology* FCHD 1500 Human Development Across the Lifespan</p> <p>Recommended Courses: CHEM 1010 General Chemistry ENGL 1010 Introduction to Writing STAT 1040 or 1045 Introduction to Statistics</p> <p><i>NOTE: The most recent prerequisite course grades will be used. Pass/Fail and Credit/No Credit scores are not accepted. AP credit is granted if the score is 4 or 5 and the course has been taken in the last five years. *These courses must be taken within the last five years of enrollment date.</i></p>
Step 2	<p>Complete this TATC Practical Nursing (PN) Program application. Applications must be received or postmarked on or before the application deadline.</p> <p>➤ Fall Deadline June 09, 2017. Orientation conducted week of August 21, 2017. Classes begin on August 28, 2017.</p> <p>The <i>complete</i> application packet may be submitted in person to a Student Services Representative or mailed to:</p> <p style="text-align: center;">Tooele Applied Technology College Tracy Schaffer, Director of Nursing 88 S. Tooele Blvd. Tooele, UT 84074</p> <p>NOTE: The applicant is responsible for collecting and returning all materials listed on the application checklist sheet. PN Program admission is automatically denied for applicants submitting incomplete or late application packets.</p>
Step 3	<p>Upon conditional acceptance into the PN Program, students must meet the admission requirements of both the PN Program and the TATC and be actively enrolled on the first day of class.</p>

NOTE: This nursing education program is a candidate for accreditation by the Accreditation Commission for Education in Nursing.

Please read all of the information in this PN Program application carefully. If you have any questions regarding the application packet, please call Angie Kiel at (435) 248-1864 Monday – Friday 8:00 – 12:00.

1. The PN Program is a 900 clock hour program. The necessary prerequisites are not included in the 900 hours and must be completed prior to starting the program. Refer to Step 1.
2. The application process is time-intensive so allow plenty of time in order to submit the *complete* application packet on time.
3. The application process does not discriminate based on race, color, national origin, religious background, sexual orientation, age, or disability.
4. Please carefully read the information found in this application packet **and** the information found on the PN Program web page at www.TATC.edu.
5. The completed application packet must be *submitted in person* to a Student Services Representative or mailed to the College. The application packet must include all of the required supporting documents together in a *sealed manila envelope*.
6. If delivering your application to a Student Services Representative, *you must* sign and date the envelope with your full name legibly written and the date and time you turned your application packet over to the Student Services Representative.
7. Incomplete applications or those received outside the time frame provided will **NOT** be accepted for admission. **No exceptions.** *Applications will not be accepted later than the end of business day on June 9, 2017.*
8. Entry into the program is determined by a competitive, points-based, process. Completing an application does not guarantee admission into the program.
9. This program does not maintain a waiting list.

10. Final admission into the PN Program and TATC is contingent upon the following:

- a. Verification of student's official transcripts which include the final grades for all prerequisite coursework
- b. Documentation of American Heart Association CPR Certification
- c. Verification of a satisfactory Tooele County Sheriff's Department background check (Background check results will be returned to student directly from Tooele County Sheriff's Department. *The official, unopened, envelope and contents must be included with this application packet.*)
- d. A negative 10-panel drug screen
- e. Required after conditional acceptance into the PN Program:
 - i. Evidence of fulfillment of immunization requirements
 - ii. Completed registration at TATC
 - iii. Attendance on the first day of class (begins the week of August 28, 2017)

By signing here, I agree that I have read and I understand the information on this page and the PN web page at www.TATC.edu.

Signature _____ Date _____

APPLICATION CHECKLIST

Complete the following checklist. It is the responsibility of the student to ensure that all items are completed and submitted with the application packet. Turn in the application packet only when all of the forms are completed and required information can be included. Please note, any missing information will render your application packet incomplete and you will not be considered for admission into the PN Program.

Please **initial** or place N/A on each of the following statements:

____ I have completed the TATC PN Program application packet, ensuring each form in this packet has been read, understood, signed, and dated.

____ I have included official transcripts verifying required and, if feasible, recommended prerequisite courses are completed with a "B-" or better and a cumulative GPA of 3.0 or higher was maintained. I understand the prerequisite courses may not be taken more than twice during the five years prior to the PN Program application. All official transcripts must be submitted in a sealed official envelope from colleges/university where I originally completed the prerequisite courses. Transcripts not received by the application deadline, or which are opened, will render the application packet incomplete and the applicant will not be considered for admission into the PN Program.

____ If I am submitting transcripts from another state I have included official course descriptions for each course to assist with transfer credit determination. I understand transfer credits will only be accepted from regionally accredited institutions and that I only need to submit course descriptions for the prerequisite courses to be transferred.

____ I have included documentation of my current American Heart Association CPR Certification.

____ I have submitted background check results in a sealed, unopened envelope from the Tooele County Sheriff or another official processing agency. I understand background checks which have been opened will render the application file incomplete and I will not be considered for admission into the PN Program. I also understand admission into the PN Program is contingent upon submission of a satisfactory Background Check/Sex Offender Check.

____ I have submitted the results of my 10-panel drug screen to TATC.

____ I have included 3 professional references in their unopened (showing signature over seal) envelopes. I understand references which have been sealed with signature over seal or are opened will render the application file incomplete and I will not be considered for admission into the PN Program.

____ I have enclosed a check payable to TATC for the \$30.00 non-refundable PN Program application fee with my application packet.

____ I understand that failure to provide all of the above items by the PN Program application deadline will render my file incomplete and disqualify my application for admittance into the PN Program.

____ *If conditionally accepted*, I will submit evidence of fulfillment of immunization requirements.

By signing here, I agree that I have read and I understand the information on this page.

Signature of Applicant _____ Date _____

APPLICATION AND PROGRAM TIMELINE

June 9, 2017:	Applications Due
June 23, 2017:	Applicants will be notified if they have been conditionally accepted
July 7, 2017:	Drug screen, background/sex offender check and TATC Application packet has been completed
July 28, 2017:	Students will be officially notified of their status
August 21, 2017:	Orientation
August 28, 2017:	First Term Starts – mandatory attendance
December 15, 2017:	First Term Ends
January 8, 2018:	Second Term Starts
April 27, 2018:	Second Term Ends

By signing here, I agree that I have read and I understand the information on this page.

Signature of Applicant _____ Date _____

PROGRAM PREREQUISITES

All required prerequisites **must** be completed before you apply to the Practical Nursing Program. See Step 1 for specific information.

PLAN OF STUDY

First Term

NRSG 1010 Foundations of Nursing Care Practice
NRSG 1011 Nursing Care of the Mental Health Patient
NRSG 1012 Pharmacological Nursing Care I
Labs, clinicals, and simulations are also conducted throughout the term.

Second Term

NRSG 1013 Pharmacological Nursing Care II
NRSG 1014 Nursing Care of the Family
NRSG 1015 Nursing Care of the Adult Patient
Labs, clinicals, and simulations are also conducted throughout the term.

PRACTICAL NURSING PROGRAM COSTS - \$4,168 approximately

College Registration Fee	\$40
Tuition (2.00 x 900 hours)	\$1,800 (\$900 per term)
Fees	\$392
Program Application Fee	\$30 (non-refundable)
Textbooks	\$1,000 (approximate)
Uniform	\$200 (approximate)
Drug Screen	\$37 (additional charge of \$27 if there is a Medical Review required)
Finger Printing/ Background check	\$20
Immunizations/Titers	\$200 (variable/approximate)
Nursing Supplies	\$150 (variable/approximate)
State NCLEX-PN Exam	\$299

Please Note: All costs are approximate and subject to change at any time and without notice. The \$30 non-refundable Program Application Fee is paid with the submission of the PN Program application packet. Applications may only be used for one application period. Applicants not accepted may re-apply in the future by completing a new current program application. Admission to the program is not guaranteed.

By signing here, I agree that I have read and I understand the information on this page.

Signature _____ Date _____

PROCESSING APPLICATIONS

1. Once the application period is closed, applicants will be evaluated using a point system based on residency, prior degrees, experience (work/volunteer) reference letters, interview, and attendance to the PN Program Information Session.
2. A maximum of 10 students will be conditionally accepted into the program. All other qualified applicants will be placed in rank-order on an alternate list. If you are an alternate, you may be notified of an available seat as late as the beginning of the first week of class.
3. Full admittance into the PN Program is contingent upon verification of a negative 10-panel drug screen and evidence of immunization requirements.
4. Applicants not accepted and wishing to re-apply may do so in the future using the most-current PN Program application. Admission to the PN Program is not guaranteed.

SCORING SYSTEM USED – PRACTICAL NURSING PROGRAM

CRITERION	Points Awarded
1. Resident of Tooele County	_____/1
2. Prior Degrees	_____/4
Degree	
Associates Degree	+2
Bachelor's Degree (BA or BS)	+3
Master's Degree or Higher	+4
<i>Points only awarded for highest degree earned</i>	
3. Health Care Work/Volunteer Experience	_____/5
Experience	
3-6 Months	+1
7-12 Months	+2
13-24 Months	+3
> 24 Months	+5
4. Attended PN Info. Session (Springtime at TATC)	_____/2
5. Reference Letters	
Response	
Do not support the student	+0
Support with reservation	+1
Strongly support	+2
6. Interview	
Response	
Not a good fit for program	+0
Okay fit for program	+1
Good fit for program	+2
Total Points	_____/22

By signing here, I agree that I have read and I understand the information on this page.

Signature _____ Date _____

IMMUNIZATION REQUIREMENT INFORMATION

Upon conditional acceptance into the Practical Nursing Program and *prior to enrolling* at the College, students are required to show proof of current immunizations. Immunizations may be obtained from a private physician or health department. The following immunizations are required:

Vaccine	Cost (each)	Cost (extended)	Notes
Hepatitis B (series of 3)	\$60.00	\$180.00	
Influenza	\$30.00	\$30.00	
MMR (series of 2)	\$44.00	\$88.00	OR documentation of a positive antibody titer for measles/rubella.
PPD-Tuberculosis (TB) Manitou Test	\$15.00	\$15.00	a. The PPD must remain valid for the duration of the program. b. If PPD positive, must show an adequate work-up for TB indicating you are not currently communicable. A chest x-ray or physician's note is acceptable.
Varicella (chickenpox – series of 2)	\$133.00	\$266.00	OR positive titer for varicella.
TDap (Tetanus, Diphtheria, Pertussis)	\$61.00	\$61.00	This is not the same as a DPT, a Td, or a Tetanus.
*TOTAL COST		\$640.00	

NOTE: *Costs quoted are subject to change without notice. Reported costs are from the Tooele County Health Department's website accurate on January 31, 2017.

A local provider of immunizations is the Tooele County Health Department, 151 North Main Street, Tooele, Utah 84074. An immunization clinic is held every Thursday from 1:00 p.m. to 7:00 p.m. and the PPD test is completed on Mondays and Tuesdays at this department.

By signing here I agree that I have read and I understand the information on this page.

Signature _____ Date _____

BACKGROUND / SEX OFFENDER CHECK AND DRUG SCREEN INFORMATION

- Admission into the Practical Nursing program is contingent upon submission of a satisfactory background/sex offender check, and negative drug screen. Applicants must submit 2 official copies of their fingerprints to Tooele County Sheriff's Department *or author official screening entity*. **The results from the background check must be returned with the PN Program application in the original, unopened envelope.** Applicants that have a record of criminal actions need to understand this may affect your eligibility for admission to the TATC PN Program.
- According to the Utah Nurse Practice Act (58-31b-302-9(a)(b)), "If a person has been convicted of a violent felony, as defined in Subsection 76-3-203.5(1)(c) or entered a plea of guilty or nolo contendere, the division may not issue a license to the person. If a person has been convicted, entered a plea of guilty or nolo contendere with a felony other than a violent felony, the person may not file an application for licensure under this chapter any sooner than five years after having completed the conditions of the sentence or plea agreement." **Therefore, applicants/students who have committed felonies and have not met the above state criteria will not be allowed to enter/progress into the Tooele Applied Technology College's Practical Nursing Program.**
- Applicants conditionally admitted into the PN Program are required to inform the Director of Nursing of any criminal charges pending against them. Falsified or withheld information regarding pending criminal charges is cause for removal from the PN Program at the College or not allowing a student to enter the program.
- Applicants conditionally admitted into the PN Program that have been treated for mental illness or substance abuse should discuss eligibility status with the Utah State Board of Nursing. Acceptance to the TATC Practical Nursing Program does not assure eligibility to sit for the PN or RN licensing examination. The Utah Board of Nursing makes final decisions on the issue of licensure.

FINGER PRINTING INFORMATION

The cost for fingerprinting is \$5.00 per card. A valid government-issued photo ID must be provided. Finger printing can be completed at the Tooele County Sherriff, Tooele County Detention Center, 1960 South Main, Tooele. The hours are Monday and Friday from 9:00 a.m. to 4:00 p.m. Finger printing can also be completed at Stansbury Park Substation, 200 Millpond, Stansbury. The hours are Monday through Friday 9:00 a.m. to 4:00 p.m. (closed for lunch 1:00 – 2:00 p.m.).

BACKGROUND/SEX OFFENDER CHECK

The cost for this check is \$10.00. A valid government-issued photo ID must be provided. Complete the application; list all previous names including married and maiden names. Background checks can be completed at the Tooele County Sherriff's Department, Tooele County Detention Center, 1960 South Main, Tooele. The hours are Monday and Friday from 9:00 a.m. to 4:00 p.m.

DRUG SCREENING INFORMATION

The cost for the 10-panel drug screen is \$37.00. If a medical review is required there is an additional cost of \$27.00. Drug screens are available at Stansbury Springs Health Center, 576 E. Highway 138, Suite 400, Stansbury Park. The center's hours are Monday thru Friday, 8:00 a.m. to 5:00 p.m. Applicants may choose any official entity to have the drug screen performed.

By signing here, I agree that I have read and I understand the information on this page.

Signature _____ Date _____

APPLICATION FORM

Full Name: _____
Last First Middle Initial Maiden Name

Home Address: _____
Number & Street City State Zip Code

Mailing Address: _____
If different from above

Telephone: () _____ () _____ () _____
Home Cell Work

Email Address: _____

Person to be notified in case of emergency: _____

Relationship: _____ Telephone: _____

Address: _____

Educational Information: (use additional sheets if necessary)

Name of School (High School & all Colleges)	City and State	Date of Entrance	Date of Leaving	Diploma/degree Yes/No

Health Care and Military Training (Health care certification(s) must be current)

- Certified Nursing Assistant (CNA) Yes No Date of Expiration _____
- Medical Assistant (MA) Yes No Date of Expiration _____
- Other (Please Specify) Yes No Type of Cert _____

If "Yes", please include a copy of current certification with your application.

Have you served in the military Yes No

HEALTH CARE WORK OR HEALTH CARE VOLUNTEER EXPERIENCE

List most recent work or volunteer experience first. If none, write 'none'. Attach additional sheets if necessary.

Company _____ **Phone** _____

Address _____

Position _____ Supervisor _____

Job Description _____

Total Months and/or years employed or volunteered: _____ From-To (dates): _____

_____ Years _____ Months Full-Time (32 + hrs/wk) Part-time (2-31 hrs/wk)

Company _____ **Phone** _____

Address _____

Position _____ Supervisor _____

Job Description _____

Total Months and/or years employed or volunteered: _____ From-To (dates): _____

_____ Years _____ Months Full-Time (32 + hrs/wk) Part-time (2-31 hrs/wk)

Company _____ **Phone** _____

Address _____

Position _____ Supervisor _____

Job Description _____

Total Months and/or years employed or volunteered: _____ From-To (dates): _____

_____ Years _____ Months Full-Time (32 + hrs/wk) Part-time (2-31 hrs/wk)

Company _____ **Phone** _____

Address _____

Position _____ Supervisor _____

Job Description _____

Total Months and/or years employed or volunteered: _____ From-To (dates): _____

_____ Years _____ Months Full-Time (32 + hrs/wk) Part-time (2-31 hrs/wk)

SATISFACTORY PROGRESS AND ATTENDANCE INFORMATION

Students enrolled in the Practical Nursing Program are required pass off competencies at 80% or higher for all coursework and/or lab assignments and maintain 80% cumulative satisfactory academic progress each term. Absences are limited to two per term. To progress satisfactorily through the Practical Nursing Program students must adhere to these program requirements. Students must be able to attend class and clinical sites which may include evening and weekend hours. Additionally, students must be able to have the time to study outside of class time. Failure to meet these standards will result in removal from the PN Program.

By signing here, I agree that I have read and I understand the satisfactory progress and attendance information on this page and agree to commit to prescribed hours and course of study.

Signature_____Date_____

PRIOR OR PENDING CRIMINAL OFFENSE INFORMATION

Do you have a prior or pending criminal offense? Yes_____ No_____ *(If yes, please attach information regarding the offense to this page prior to submitting application.)*

Please Note:

In order to be licensed as a practical nurse in the state of Utah, you must be in conformity with the Utah Nurse Practice Act. If you have been convicted of a felony, treated for mental illness or substance abuse, you should discuss your eligibility with Utah State Board of Nursing. Acceptance and completion of the TATC PN Program does not assure eligibility to sit for the practical nursing licensure exam. The Utah State Board of Nursing makes the final decision as to whether a license will be issued to practice nursing in Utah.

If you have any questions regarding this information about prior or pending criminal offenses please contact the Utah State Board of Nursing, 160 East 300 South, Salt Lake City, UT 84111 Telephone number (801) 530-6628.

APPLICATION STATEMENT

I do hereby certify the statements in this application are true and complete to the best of my knowledge. I understand that falsifying information on this application may be grounds for dismissal.

Signature _____ Date _____

PROFESSIONAL REFERENCE INFORMATION

NOTE: References must be from former or current supervisors, teachers, or employers. Applications that include less than three references or references from co-workers, family friends, relatives, or religious leaders will not be accepted and will disqualify the applicant from admittance to the PN Program during that application year. Turn in the completed reference information sheet(s) and the sealed Professional Reference Evaluation forms with your application.

1. Name: _____

Address: _____

Phone number: _____

Professional Association with reference: _____

2. Name: _____

Address: _____

Phone number: _____

Professional Association with reference: _____

3. Name: _____

Address: _____

Phone number: _____

Professional Association with reference: _____



PROFESSIONAL REFERENCE EVALUATION (1 of 3 pages)

Instructions to the applicant: This section is to be filled out by the applicant to the Tooele Applied Technology College’s Practical Nursing Program, in blue ink, prior to providing to the person completing the evaluation.

Printed name of applicant requesting reference: _____

Signature _____ Date _____

Instructions to the evaluator: Please complete the remainder of this document.

NOTE: *This form will become part of the applicant’s Practical Nursing Program Student File at the Tooele Applied Technology College. Students have the right to review their Student File, upon request, as guaranteed by the Family Educational Rights and Privacy Act (FERPA) of 1974 and its amendments.*

The applicant, listed above, respectfully requests that you complete this reference evaluation as part of their application process into the College’s Practical Nursing Program. Program faculty and staff are interested in your candid appraisal of the applicant’s abilities and thank you in advance for completing this three-page professional reference evaluation in a timely manner.

Evaluator’s printed name: _____

Signature: _____ Date: _____

Title: _____ Institution: _____

Length of time you have known this applicant: _____

Capacity in which you have known applicant: (please circle one)

Supervisor Teacher Employer RN Other: (Explain) _____

PERSONAL REFERENCE EVALUATION (2 of 3 pages)

Please circle your evaluation choice on the numerical rating scale of each of the following as it relates to the applicant's potential for nursing. *Comments in each area are helpful.*

1. **Problem Solving** **Comments**

1 2 3 4 5
Poor Average Excellent

2. **Caring Attitude** **Comments**

1 2 3 4 5
Negative Average Positive

3. **Stress/Anxiety Response** **Comments**

1 2 3 4 5
Poor Average Excellent, calm
& effective

4. **Motivation** **Comments**

1 2 3 4 5
Poor Average Excellent

5. **Accountability** **Comments**

1 2 3 4 5
Poor Average Excellent

6. **Communication Skills** **Comments**

1 2 3 4 5
Poor Average Excellent

7. **Integrity** **Comments**

1 2 3 4 5
Poor Average Excellent

8. **Interpersonal Relationships** **Comments**

1 2 3 4 5
Poor Average Excellent

9. **Appearance/Grooming** **Comments**

1 2 3 4 5
Poor Average Excellent

10. **Punctuality/Absenteeism** **Comments**

1 2 3 4 5
Poor Average Excellent



PROFESSIONAL REFERENCE EVALUATION (1 of 3 pages)

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Signature _____ Date _____

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Length of time you have known this applicant: _____

Capacity in which you have known applicant: (please circle one)

Supervisor Teacher Employer RN Other: (Explain) _____

PERSONAL REFERENCE EVALUATION (2 of 3 pages)

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Comments

1 2 3 4 5
Poor Average Excellent

10. **Punctuality/Absenteeism**

Comments

1 2 3 4 5
Poor Average Excellent

PERSONAL REFERENCE EVALUATION (3 of 3 pages)

Choose one of the following:

- I strongly support this applicant
- I support with reservation. Please indicate your concerns in the comments section below.
- I **do not** support this application. Please indicate your concerns in the comments section below.

Additional Comments:

NOTE: Please seal this three-page evaluation in an envelope, sign the seal, and return to the applicant for inclusion with the complete program application to the Practical Nursing Program at the College. Applicants must have the entire application to the College by June 9, 2017.

Thank you for your assistance in this important matter.



PROFESSIONAL REFERENCE EVALUATION (1 of 3 pages)

Instructions to the applicant: This section is to be filled out by the applicant to the Tooele Applied Technology College’s Practical Nursing Program, in blue ink, prior to providing to the person completing the evaluation.

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Signature _____ Date _____

Instructions to the evaluator: Please complete the remainder of this document.

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Signature: _____ Date: _____

Title: _____ Institution: _____

Length of time you have known this applicant: _____

Capacity in which you have known applicant: (please circle one)

Supervisor Teacher Employer RN Other: (Explain) _____

PERSONAL REFERENCE EVALUATION (2 of 3 pages)

Please circle your evaluation choice on the numerical rating scale of each of the following as it relates to the applicant's potential for nursing. *Comments in each area are helpful.*

1. Problem Solving

Comments

1 2 3 4 5
Poor Average Excellent

2. Caring Attitude

Comments

1 2 3 4 5
Negative Average Positive

3. Stress/Anxiety Response

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1 2 3 4 5
Poor Average Excellent, calm
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9. Appearance/Grooming

Comments

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Poor Average Excellent

10. Punctuality/Absenteeism

Comments

1 2 3 4 5
Poor Average Excellent

PERSONAL REFERENCE EVALUATION (3 of 3 pages)

Choose one of the following:

- I strongly support this applicant
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- I **do not** support this application. Please indicate your concerns in the comments section below.

Additional Comments:

NOTE: Please seal this three-page evaluation in an envelope, sign the seal, and return to the applicant for inclusion with the complete program application to the Practical Nursing Program at the College. Applicants must have the entire application to the College by June 9, 2017.

Thank you for your assistance in this important matter.