

**WILKES-BARRE AREA CAREER & TECHNICAL CENTER
PRACTICAL NURSING PROGRAM
(570) 822-6539/ FAX (570) 829-5013**

Recommendation should be given by an individual familiar with the applicant's experiences relating to nursing in the past five (5) years. If there are no related nursing experiences, the individual should be able to have his/her character verified. SUGGESTED EXAMPLES: teachers, guidance counselors, former employer, or school principal. (This is a professional reference)

RECOMMENDATION OF APPLICANT FOR PRACTICAL NURSING PROGRAM

The applicant named below is a candidate for admission to the Wilkes-Barre Area Career & Technical Center, Practical Nursing Program. All information which you submit will be confidential and will be used only by the Admission Committee to evaluate the candidate for this program. The applicant and we will appreciate prompt completion of this form.

I hereby authorize the release of any information on this form.

NAME OF APPLICANT: _____

_____/_____
SIGNATURE OF APPLICANT / **DATE**

How long have you known the applicant? _____

What was/is your relationship with this person? _____

If employer, give date of association: From: _____ **To:** _____

Reason for leaving: _____

Would you please complete the following brief questionnaire:

Ability to get along with others:	Excellent ()	Good ()	Poor ()
Follows instructions:	Excellent ()	Good ()	Poor ()
Conscientious about work:	Excellent ()	Good ()	Poor ()
Does additional chores without being directed (Initiative):	Excellent ()	Good ()	Poor ()
Ability to plan or schedule work:	Excellent ()	Good ()	Poor ()
Honesty:	Excellent ()	Good ()	Poor ()
Dependability:	Excellent ()	Good ()	Poor ()
Neatness:	Excellent ()	Good ()	Poor ()

CONTINUED ON BACK

