



RECOMMENDATION FORM - LICENSED PRACTICAL NURSE-TO- ASSOCIATE DEGREE NURSING

PART A	TO BE COMPLETED BY THE APPLICANT		
NAME (Print)	Last	First	Middle
I give the Recommender my permission to provide the recommendation. _____ YES _____ NO Signature of applicant: _____ Date: _____			

PART B	TO BE COMPLETED BY THE RECOMMENDER						
PERFORMANCE EVALUATION (current or past nurse supervisor)	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNUSUAL	OUTSTANDING	TRULY EXCEPTIONAL	Inadequate Opportunity to Observe
Attitude							
Dependability/ Accepts Responsibility							
Nursing Knowledge							
Initiative							
Interest in Learning							
Communication skills oral							
Communication skills written							
Attendance							
Safe/Trustworthy							
Potential for Leadership							
Basic Nursing Skills							
Intermediate Nursing Skills							

PART C	TO BE COMPLETED BY THE RECOMMENDER	
How long and in what capacity have you known the applicant?		
We would appreciate your assessment of the applicant's Knowledge, personality, character and professional promise in the field of Nursing Practice. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use a separate sheet.		
STATEMENT:		
Signature	Please Print Last Name	Date
Position	Business/Company Name	
Address		
PLEASE EMAIL TO: LPNtoRN@bcc.edu		