

Cayuga Community College – Department of Nursing Education

**PROFESSIONAL REFERENCE FORM**

**TO BE COMPLETED BY THE APPLICANT**

Applicant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCE**

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_  
 What are the first words that come to your mind to describe this applicant? \_\_\_\_\_

Please rate the applicant on the following:

	Strong	Average	Weak	Unable to judge
Accountability and Responsibility				
Attendance and Punctuality				
Attention to Detail				
Communication Skills				
Concern for Others				
Integrity				
Motivation				
Stress Management				
Work Ethic				

Do you have any reservations or adverse information about the applicant's suitability for working with children, elderly, and incapacitated clients?  No  Yes

Overall Recommendation:

Strongly Recommend  Recommend  Do Not Recommend  Prefer to Abstain

Comments:

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Signature of Reference \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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Position \_\_\_\_\_ Organization \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Phone \_\_\_\_\_ Email \_\_\_\_\_

**TO BE SUBMITTED BY THE REFERENCE**

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