

VOCATIONAL NURSING PROGRAM
Letter of Reference

THIS FORM IS TO BE COMPLETED BY CURRENT OR FORMER EMPLOYERS, SUPERVISORS, OR CO-WORKS. **PLEASE NO FRIENDS OR RELATIVES.**

Applicant's Name: _____
has applied for admission to the Vocational Nursing Program. Please give us your candid opinion of this applicant's interest in and suitability for the duties of vocational nursing. **All information will be kept confidential.** To ensure this, please return this form in the business reply envelope that has been provided.

How long have you known the applicant?
In what relationship have you known the applicant?

What qualities does the applicant have that you believe would contribute to his/her success as a vocational nurse?

What do you consider the applicant's strongest characteristic(s)?

What do you consider the applicant's weakest characteristic(s)?

In regard to your experience with the applicant, have you found him/her to be trustworthy and reliable? If not explain:

Please give us any further information that you have about this individual that will help us determine his/her interest in and suitability for a vocational nursing career:

Date

Reference's Signature

Please Print Reference's Name, Title, Occupation, and Place of Employment.

Address

City

State

Zip

Telephone