

CAPITAL AREA SCHOOL OF PRACTICAL NURSING
 2201 TORONTO ROAD
 SPRINGFIELD, ILLINOIS 62712-3803
 www.caspn.org

REFERENCE FORM

APPLICANT NAME: _____

The above named applicant has applied for admission to the Capital Area School of Practical Nursing. S/he has given your name as a reference. Your candid comments concerning the applicant's personal characteristics and potential for success as a Practical Nurse will be appreciated. The Practical Nurse functions as a member of the health-care team under the direction of the licensed professional nurse, physician, dentist or podiatrist. The Practical Nurse is accountable for his/her own nursing actions and competencies.

PLEASE RATE THE APPLICANT ON THE FOLLOWING CHARACTERISTICS:

CHARACTERISTIC	EXCEEDS Expectations	MEETS Expectations	BELOW Expectations	N/A	COMMENTS
Personal Appearance					
Sincerity of Purpose					
Emotional Stability					
Dependability					
Attendance					
Health					
Initiative					
Ethical					
Honesty					
Ability to adjust to new people					
Ability to Adjust to new situations					
Ability to accept criticism					
Ability to organize work					
Interpersonal Communication Skills					
Ability to function as a member of the Health-care Team					
Reaction to Stressful Situations					

How long have you known this applicant? _____

In what relationship do you know the applicant? _____

If you are, or have been an employer, please give dates of employment:

What qualities does the applicant have that you think would contribute to her/his success as a Practical Nurse?

Please give any further information that you have about this applicant that will help us decide on her/his suitability for Practical Nursing.

Signature _____ Date _____

Printed Name _____

Position, if employed _____

Please return this form as soon as possible to:

CAPITAL AREA SCHOOL OF PRACTICAL NURSING
2201 TORONTO ROAD
SPRINGFIELD, ILLINOIS 62712-3803
Fax 217-585-2165

Revised 8/04,5/07,7/07,01/08

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