**MENNONITE COLLEGE OF NURSING**

**AT**

**ILLINOIS STATE UNIVERSITY**

**Reference Form for Post-Master’s Psychiatric Mental Health Nurse Practitioner Certificate**

*(To be filled out by a current employer, direct supervisor, or nursing instructor. At least one reference must come from a master’s prepared nurse)*

**Section 1: This section to be completed by applicant.**

Name: Last Name First Name Middle Name

Address (including street, city, state, zip):

Click or tap here to enter text.

I understand that this evaluation will be confidential, and I waive my right to read it.

Signature

I do not waive my right to read this form should I enroll at Mennonite College of Nursing; therefor this is

not confidential.

Signature

**Section 2: This section to be completed by current employer, direct supervisor or nursing instructor (at least one reference must be a master’s prepared nurse).**

*Your evaluation of the applicant’s personal qualifications is important in considering his/her interests and ability and will be handled confidentially. Please feel free to add an additional page for any other comments.*

1. How long have you known the applicant?

Click or tap here to enter text.

1. What has been your contact with the applicant?

Click or tap here to enter text.

1. What do you consider this person’s assets or strong characteristics?

Click or tap here to enter text.

1. In your opinion, what personality characteristics does this person need to improve?

Click or tap here to enter text.

1. Other comments:

Click or tap here to enter text.

Place an X in the appropriate space in response to each of the qualities below. In each instance, please comment on the factors you consider when arriving at your rating.

Adaptability: Excellent Satisfactory No basis for judgement

Comments: Click or tap here to enter text.

Emotional stability: Excellent Satisfactory No basis for judgement

Comments: Click or tap here to enter text.

Leadership ability: Excellent Satisfactory No basis for judgement

Comments: Click or tap here to enter text.

Dependability: Excellent Satisfactory No basis for judgement

Comments: Click or tap here to enter text.

Oral Expression: Excellent Satisfactory No basis for judgement

Comments: Click or tap here to enter text.

Sensitivity: Excellent Satisfactory No basis for judgement

Comments: Click or tap here to enter text.

Judgement: Excellent Satisfactory No basis for judgement

Comments: Click or tap here to enter text.

Initiative: Excellent Satisfactory No basis for judgement

Comments: Click or tap here to enter text.

Integrity: Excellent Satisfactory No basis for judgement

Comments: Click or tap here to enter text.

Do you: Recommend this applicant Hesitate to recommend Not recommend

**Section 3: Verification from reference**

Name: First name Last name Job title and credentials

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Employer and employment address (including street, city, state, zip):

Click or tap here to enter text.

Email address: Click or tap here to enter text.

Reference signature: Date: Click or tap to enter a date.

**Instructions for Reference:**

Please scan and return by email to:

[mkelle4@ilstu.edu](mailto:mkelle4@ilstu.edu)