WESTERN SUFFOLK BOCES
ALLIED HEALTH SCIENCES
PRACTICAL NURSING PROGRAM

APPLICANT'S CONFIDENTIAL REFERENCE

Applicant Name: _____ has applied for admission into one of our allied health sciences programs and has given us your name as a reference. Can you kindly give us your opinion of this applicant's suitability for a career in the health sciences?

In what capacity have you known the Applicant?
Please circle one: Academic Business
(Must be/have been a supervisor, or instructor that applicant directly worked with- not be a relative)

How long have you known the Applicant, and in what capacity?_____

Are you aware of any limitation which might impede the applicant's success in health sciences? Yes No
If yes, please explain:

_____

_____

Comments: (Short Statement about the Applicant)

_____

_____

The following list has been compiled for you to check which characteristics you feel most describe the applicant:

Please check the box that applies	Excellent	Good	Average	Below Average	No Basis For Judgment
Professionalism					
Character					
Initiative					
Dependability					
Responsibility					
Creativity					
Integrity					
Cooperativeness					
Communication Skills					
Attendance & Punctuality					
Critical Thinking					

Print Name: _____

Name of Company: _____ Position: _____

Address: _____ Phone Number: _____

Signature: _____

Have the person completing this form mail to:
Western Suffolk BOCES
Allied Health Sciences
Practical Nursing Program
152 Laurel Hill Road
Northport, New York 11768

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DOI: