



## References

As part of the Practical Nursing Program application process applicants are required to submit two (2) completed reference forms by March 31, 2021. References provided must be two (2) **professional** references (employer, teachers, etc. who have known you for at least one year.) **All reference forms must be placed in a sealed envelope with the evaluator's signature across the seal.** The evaluator may mail the completed form directly to LLRTC or return to the applicant in a signed and sealed envelope. Incomplete reference forms will not be accepted.

Please mail or return to:

Practical Nursing Program Coordinator  
Lex La-Ray Technical Center Health Science Annex  
817 South Business Hwy 13  
Lexington, MO 64067  
Fax: 660-259-2858

For more information, please contact Tracy Lock, Program Coordinator at 660-259-2688 ext. 7003.

Thank you for selecting the Lex La-Ray PN Program!

# LEX LA-RAY TECHNICAL CENTER PRACTICAL NURSING PROGRAM

## Reference Form

**Applicant:**

I hereby authorize you to issue any information you may have regarding my services and character and to hereby unconditionally release you from all liability for any damage whatsoever which might result from furnishing this information

\_\_\_\_\_ **Applicant name (print)**

\_\_\_\_\_ **Applicant Signature**

\_\_\_\_\_ **Date**

**Respondent:**

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

**Please place a check mark in the space provided below under the column that best describes applicant. Applicant rated 5 through 1; with 5 being the best and 1 being the worst.**

<b>Comment</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Dependable: attendance and punctuality					
Cooperation: interacts effectively with others					
Initiative: Works independently and unsupervised					
Communication: relates concepts and ideas in a tactful manner					
Adaptability: adjust to change or concepts					
Organization: prepares and accomplish tasks					
Personal Appearance					
Disposition: Positive Attitude					
Honesty and Integrity					

	<b>5</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>0</b>
Recommend for PN Program	Without reservation	Highly recommend	Recommend	Recommend with reservation	Do not recommend

May we call you if questions arise? \_\_\_\_\_

**Respondent's Name and Title (Print):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Respondent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Place letter in an envelope, seal, and sign your name across the seal on back of envelope, return to applicant or mail to: PN Program Coordinator, 817 S. Business Hwy 13, Lexington, MO 64067.