



References

As part of the Practical Nursing Program application process applicants are required to submit two (2) completed reference forms by April 1, 2022. 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
2323 High School Drive
Lexington, MO 64067
Fax: 660-259-6262

For more information, please contact Tracy Lock, Program Coordinator at 660-259-2264 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.

Comment	5	4	3	2	1
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					

	5	4	3	0	0
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, 2323 High School Drive, Lexington, MO 64067 or fax to 660-259-6262.