

## VERSANT RN RESIDENCY LETTER OF REFERENCE FORM

**Part I: Completed by Applicant**

Name of Applicant: _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
Circle the Clinical Department you choose to apply: Medical Surgical    Medical Oncology    Telemetry Stepdown		
Coronary Care    Intensive Care    Emergency    Maternal Child    Perioperative Services		

Please complete the information above before giving this form to the evaluator.  
*Note:* Evaluations should be completed by persons who are able to assess your performance in an academic or work setting. At least one recommendation must be from a nursing employer or supervisor and one from a faculty member.

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

**Part II: Completed by Evaluator**

Please complete the information requested on both sides of this form. The Versant Residency Admissions Committee attaches considerable weight to an evaluator's assessment of an applicant. Therefore, please provide your candid assessment of the applicant's preparation, motivation, and capacity for the Versant RN Residency program. If you need to use additional sheets of paper, please attach them to this form

Evaluator's Name: _____	
<i>Last Name</i>	<i>First Name</i>
Position/Title: _____	
Evaluator's Employer: _____	
<i>City</i>	<i>State/Zip</i>
Evaluator's Business Telephone Number: (_____) _____	
Email: _____	
<i>Note: Evaluator will be contacted only if more information or clarification of evaluation is needed.</i>	
Evaluator's Signature _____ Date: _____	

**Knowledge of Applicant**

<p>How long have you known the applicant?</p> <p>_____ Years</p> <p>_____ Months</p>	<p>How well do you know the applicant?</p> <p><input type="checkbox"/> Very well</p> <p><input type="checkbox"/> Moderately well</p> <p><input type="checkbox"/> Slightly</p>	<p>In what capacity do you know the applicant?</p> <p><input type="checkbox"/> Professor/Instructor</p> <p><input type="checkbox"/> Employer/Supervisor</p> <p><input type="checkbox"/> Other (specify): _____</p>
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**Please rate the applicant compared to his/her peers on the following abilities and traits.**

	Excellent/ Outstanding	Above Average	Average/ Good	Below Average/Fair	Not Satisfactory	Insufficient Opportunity to Observe
<i>Character and Personality</i>						
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral qualities/Ethical standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Intellectual Capacity</i>						
Retention of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clinical Competence</i>						
Demonstrates potential for success And clinical competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication/Interpersonal Skill</i>						
Ability to work effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of spoken communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the applicant's principal areas of strength?

What are the applicant's areas of weakness?

Overall recommendation: Based on your overall evaluation of the applicant's ability for work and potential for becoming responsible and successful within our organization, please indicate the strength of your recommendation:

- Strongly recommended
- Recommend
- Recommend with reservations
- Do not recommend

Thank you for completing this evaluation. Please mail or deliver the **Letter of Reference Form** to:

Erin N. Heisler, RN BSN CEN  
 Versant Residency Manager  
 Nursing Administration #2309  
 Creighton University Medical Center  
 601 North 30<sup>th</sup> Street  
 Omaha Nebraska 68131  
 402-449-5444