

**BUCKS COUNTY COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM**

PROFESSIONAL REFERENCE FORM
(Please Print)

This Information Will Be Kept Confidential

Student Candidate's Name: _____

Reference Name and Title: _____

Address: _____

Telephone Number: _____

Relationship to Candidate: _____

How long have you known the candidate? _____

Please check the ratings you feel apply to this candidate.

	Poor	Fair	Good	Excellent
Dependability				
Work Performance				
Character				
Self-Control				
Tact				
Neatness/Grooming				
Interest in Learning				

Please tell us what attributes you feel this candidate has that would be beneficial in the profession of nursing. You may use the back of this form, or attach additional page if necessary. Thank you!

Signature: _____ Date: _____

Please return to: Bucks County Community College
Practical Nursing Program
275 Swamp Road, AHB
Newtown, PA 18940