



Dear Nursing School Faculty Member:

I am submitting an application for the Nurse Extern program at Owensboro Medical Health System. Please complete the evaluation on the enclosed form and return it by fax (270-685-7731) or mail it to:

Owensboro Medical Health System  
Attention: Daniel Blandford or Donnell Gordon, HRD/Recruitment  
PO Box 20007  
Owensboro, KY 42304

Thank you for your assistance.

---

Nursing Student Name (please print)

---

Student Signature

---

School Name

---

Program/Graduation Date

**NURSE EXTERN REFERENCE REQUEST**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

GPA: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Based on your experience with the student in the clinical setting, please evaluate the student on the following items and use the scale on the right.

	Very Good	Good	Average	Below Average
<b>WORK SKILLS</b>				
1. Organization of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Technical skills (Nursing Assistant level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ATTITUDES TOWARD WORK</b>				
1. Attitude toward learning new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to adjust to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PERSONAL QUALITIES</b>				
1. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the applicant's major strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What areas need further improvement?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your overall evaluation of this student compared with others at the same level in your program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty Signature & Title: \_\_\_\_\_