Student should verify that their application is complete before the deadline.

Spring Deadline – DUE by October 1

NOTE:
- The applicant cannot be scored unless both sides of this form are completed.
- Recommendations should be completed by previous or current supervisors or instructors.
- One reference must come from the anatomy or physiology instructor.

Applicant's Name___________________________ has given this form to you so that you may support his/her application for admission into Ozarks Technical Community College Practical Nursing Program.

Applicant hereby authorizes individual/business/firm/institution to whom this form has been addressed to issue any information regarding their service, character, personality and competencies, and do hereby unconditionally release named individual/business/firm/institution from all liability for any damage whatsoever which might result from furnishing this information.

Your Response Will Be Kept Confidential

The person named above has applied to the Practical Nursing Program. Your assessment of the applicant’s characteristics will enable the program to evaluate whether this applicant meets its standards. Please respond to all questions to the best of your ability. This reference needs to be completed by a professional contact and not a family member.

Applicant's Signature_________________________________________ Date________________

The information you provide will be used only in the application file of this applicant, and will be held in strict confidence as delineated by the Family Educational Rights and Privacy Act of 1974.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

How well do you know this applicant?

Very well ________ Well ______ Not well __________ Not at all __________

Length of acquaintance:

Years ________ Months ________ Semesters ________

Optional Comments: (e.g., potential for success in the Practical Nursing Program, academic ability, etc.)

________________________________________________________________________

________________________________________________________________________
Rating of Applicant - (based upon your direct observation & knowledge of the applicant)

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<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
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<tr>
<td><strong>Attitude and Personality</strong> – cooperative, confident, courteous, accepts criticism</td>
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<td><strong>Reliability</strong> – honest and dependable, ethical behavior, attendance</td>
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<td><strong>Work Habits and Industry</strong> – motivation, ability to organize, takes initiative, works well with others</td>
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<td><strong>Performance Under Pressure</strong> – problem solving skills, critical thinking skills, appropriate response to stress</td>
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<td><strong>Communication</strong> – verbal and written clarity, confidence in conversation, capacity for empathy</td>
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</table>

**Recommendation** – I recommend this applicant for the Practical Nursing Program

_____ Yes  ______ No

Signature_________________________________ Date__________________

Print Signature_________________________________________

Title or Position______________________________________ Phone______________

**Directions for submission:**

- Email to alliedhealthadmissions@otc.edu *(preferred method)*
- Fax to (417) 447-8935
- Hand-deliver to Lebanon Student Services

Updated 12/16/19