

**FELBRY COLLEGE****SCHOOL of NURSING**

IMPARTING THE ART OF CARING

6055 Cleveland Avenue

Columbus, Ohio 43231

Phone: (614) 781-1085

Fax: (614) 929-3816

## CHARACTER REFERENCE FORM

The applicant named below has shown interest in the nursing program at Felbry College- School of Nursing. The admission office may contact you for additional information if necessary.

Name of applicant: \_\_\_\_\_

PROGRAM OF INTEREST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PRACTICAL NURSING (PN)	ASSOCIATE OF APPLIED SCIENCE (AAS)	RN-BSN COMPLETION (BSN)

### REFERENCE INFORMATION

Name of reference: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant (e.g. employee, supervisor, religious group member, instructor etc.)? \_\_\_\_\_

Please check the most appropriate box regarding applicant's abilities:					
	Excellent	Very Good	Good	Poor	Don't know
Communications Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe why you think the applicant would be suitable for a nursing program:

**Please provide any additional comments about the applicant's character:**

I CONFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature of the reference: \_\_\_\_\_ Date: \_\_\_\_\_

Affix official stamp if applicable