

# Boone Health – Summer 2024 Nurse Externship Program

## Clinical Faculty or Clinical Supervisor Reference Form

This recommendation form should be completed by a school faculty member or work supervisor if employed.

Name of Applicant \_\_\_\_\_

You have been chosen as a reference in support of the above student's application to the **Boone Health Summer 2024 Nurse Externship Program**. We are interested in your assessment of the applicant's abilities and potential for success in the program.

Based on your experience with the applicant in the clinical setting, please evaluate the applicant in the following areas using the scale.

In what capacity have you worked with this applicant? <input type="checkbox"/> Didactic Instructor <input type="checkbox"/> Clinical Instructor <input type="checkbox"/> Other _____				
	Below Average	Average	Good (Top 25%)	Very Good (Top 10%)
<b>WORK SKILLS</b>				
• Organization of Work	1	2	3	4
• Technical Skills	1	2	3	4
• Communication Skills	1	2	3	4
<b>ATTITUDES TOWARDS WORK</b>				
• Attitude toward learning new skills	1	2	3	4
• Ability to adjust to new situations	1	2	3	4
• Integrity	1	2	3	4
<b>PERSONAL QUALITIES</b>				
• Appearance	1	2	3	4
• Attendance	1	2	3	4

What are the applicant's major strengths?

What areas need further improvement?

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

In your opinion, this student/employee is best prepared to function as a nurse extern in the following settings (check all that apply):

- ☐ Medical Specialties unit, Dialysis unit, GI Lab, Diabetes Clinic, Pulmonary Function Testing lab, ICU
- ☐ Pre-op, Operating Room, PACU, Surgical Specialties unit, Orthopedics unit, Wound Clinic, ICU
- ☐ Neurology unit, Inpatient Rehab unit, EEG Lab, Operating Room, PACU, Radiology specials, ICU
- ☐ Cardiac Cath Lab, Cardiovascular Unit, Operating Room, ICU, Cardiac Rehab
- ☐ Labor and Delivery, Post-Partum, Well Baby Nursery, NICU, Childbirth classes, Lactation consults

**\*if you are completing reference forms for multiple students/employees, please make statements and comments that distinguish each candidate individually as this will assist in the application review and selection process.**

Signature \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and email it to [tyson.cason@boone.health](mailto:tyson.cason@boone.health) by 02/22/2024. If you desire, you may also submit a written/typed reference letter along with this form. If you have any difficulty in submitting this form, please let Tyson Cason know. You are welcome to print, scan and attach to an email if that works best for you. Thank you!