



3800 Michigan Avenue ~ Fort Myers, FL 33916 ~ 239-334-4544 ~ www.fortmyerstech.edu

FMTCAdmissions@LeeSchools.net

Professional Nursing (LPN-RN) Reference Form

Applicant First Name: _____ Applicant Last Name: _____

Date of Birth: ___/___/___ Street Address _____

City: _____ State: _____ Zip Code: _____

- I grant permission for disclosure of this information.
- I waive my right to see the information in this recommendation.

Applicant Signature: _____ Date signed: ___/___/___

Please have a current medical employer or previous instructor send the Reference Form directly to FMTC at the email or address above, Attention: Professional Nursing LPN-RN Admissions

Please PRINT your responses.

Reference First Name: _____ Last Name: _____

Contact Information – Phone: _____ Email: _____

Facility: _____ How long have you known the applicant? _____

Relationship to Applicant: Current Employer/Supervisor/Management/HR Previous Instructor

Please indicate with a mark on each line, where the applicant would fall between each of the following word pairs:

←	Apathetic	Interested	→
←	Tardy	Punctual	→
←	Shy	Outgoing	→
←	Easy-going	Detail-oriented	→
←	Needs direction	Self-directed	→
←	Follower	Innovator	→
←	Status quo	Advocate	→

Please indicate two of the applicant's star qualities and two focus areas and why:

Star qualities: _____

Focus areas: _____

Please provide the following regarding the applicant's employability:

Number of days tardy or absent in the last 90 days _____.

Number of patients cared for in a typical shift _____.

Are there any concerns about the applicant following facility policies and procedures?

Use an additional sheet for any further information.

This information is true to the best of my knowledge.

Reference Signature: _____

Date signed: ___/___/___

Print Name: _____ Position/Title: _____