



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

FMTCAdmissions@LeeSchools.net

Professional Nursing (LPN-RN) Reference Form (2 required)

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 references send the Form directly to FMTC at the email or address above

Attention: Professional Nursing LPN-RN Admissions

For graduates from the previous five (5) years, one reference must be from the Health Science Director, Department Chair, or Nursing Instructor. The other reference must be from an employer.

Please PRINT your responses.

Reference First Name: _____ Last Name: _____

Contact Information – Phone: _____ Email: _____

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

Current Employer/Supervisor/HR Previous HS Department Chair, Director, or Nursing 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.

*** = I have NO Reservations – this applicant would do great!
** = The applicant would do well with some reservations.
* = I have serious concerns if the applicant would be successful and would not recommend at this time.
Please provide a Star Rating using the guide above (1-3) _____

This information is true to the best of my knowledge.

Reference Signature: _____

Date signed: ___/___/___

Print Name: _____ Position/Title: _____