

PROFESSIONAL REFERENCE

Candidate Name: _____ Title: _____ Dates of Emp: _____

Facility: _____ City: _____ State: _____

Specialty Areas Worked: _____ # of Beds: _____ Average Patient Load: _____

CANDIDATE SKILLS ASSESSMENT

	Superior	Above Average	Average	Fair	Poor
Adaptability	5	4	3	2	1
Communication Skills w/Peers & Management	5	4	3	2	1
Communication Skills w/Patients & Families	5	4	3	2	1
Dependability/Punctuality	5	4	3	2	1
Documentation	5	4	3	2	1
Time Management	5	4	3	2	1
Clinical Skills	5	4	3	2	1
Job Performance Overall	5	4	3	2	1

Please provide (3) three examples of Clinical Skills applicant performs well:

1) _____ 2) _____ 3) _____

Give examples of common diagnosis/types of patients cared for:

What are the candidate's strong points?:

What areas need improvement?:

Does this applicant have Charge experience? Yes No N/A

Reason Candidate Left Facility or is Leaving Facility: Travel Position PRN Status Lay-Off Resigned or Resigning Terminated N/A

Is this person eligible for rehire? Yes No N/A

Do you have any additional comments that will give us information pertaining to the quality of this candidate?:

The information provided is true and to the best of my knowledge: Reference Name: _____ Title: _____ Phone #: _____
 Signature: _____ Date: _____