

PROFESSIONAL REFERENCE

Candidate Name: _____ Title: _____ Dates of Emp: _____
 Facility: _____ City: _____ State: _____
 Specialty Areas Worked: _____ # of Beds/Suites: _____ Avg. Patient/Case Load: _____
 Trauma Level: 1 2 3 N/A Teaching Facility: ___Yes ___No

CANDIDATE SKILLS ASSESSMENT

	Superior	Above Average	Average	Fair	Poor	Not Applicable
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	
Assessment Skills	5	4	3	2	1	
Identify, Develop, Implement Care Plan	5	4	3	2	1	
Clinical Skills Overall	5	4	3	2	1	
Job Performance Overall	5	4	3	2	1	

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

Documentation system used:

What are the candidate's strong points?:

What areas (if any) 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 pertaining to the quality of this candidate?:(For example, items they excel at)

The information provided is true and to the best of my knowledge:

Reference Name: _____

Title: _____

Phone #: _____

Date: _____