**Bridgerland Technical College**

**Paramedic Program**

**Application Steps**

|  |  |  |  |
| --- | --- | --- | --- |
| Step 1 | Completeall prerequisite courses with a “C” grade or higher.

|  |  |
| --- | --- |
| **Prerequisite Courses***Available at Bridgerland Technical College (BTECH)***Other Application Requirements** | **BTECH**MEDA 1105-Medical Terminology: 60 hoursFIRE 1120-Math for PS: 75 hoursFIRE 1110-English for PS: 60 hoursEMSP 1010-A&P for PS: 60 hoursCurrent EMT Certification-provide a copy of the card that shows your certification is valid through the entirety of the Paramedic ProgramCurrent CPR certification-AHA BLS Provider-provide proof of certification  |

**IMPORTANT NOTE:** Courses from other institutions may meet BTECH course competencies. Official transcripts and course descriptions will need to be provided, and will be considered on a case by case basis. |
| Step 2 | Take and pass all areas of Bridgerland’s academic assessment exam for the Paramedic Program. A minimum of 4-6 weeks before the deadline is recommended. Contact the Assessment Center at (435) 750-3188 for an appointment. The test score is valid for one year. The assessment test may be taken a maximum of two times within a year. Include a copy of the test score sheet with your application. |
| Step 3 | Complete the Bridgerland Paramedic Program Application. Applications must be received or postmarked by the application deadline. * Spring Deadline March 15 *Begins week of May 1*
* Fall Deadline October 15 *Begins week of Jan 1*

The complete application packet may be mailed to the Paramedic Program, 1410 North 1000 West, Logan UT 84321, or may be submitted in person to Student Services Monday through Friday, 9 a.m. to 4 p.m.Applicant is responsible to collect and return the materials listed on the Application Checklist sheet as a complete packet.  |
| Step 4(Optional) | If you have questions about the Paramedic Program, make an appointment with a student success advisor at btech.edu/students/advising/ |

**Bridgerland Technical College**

**Paramedic Program**

**Application Checklist**

Complete the following checklist and return it with your application. Please note that any missing information could render your file incomplete.

Please **initial** or write N/A on each of the following statements:

\_\_\_\_ I have completed the Bridgerland Academic Assessment Exam and enclosed a copy of the Assessment Center score sheet given to me by the Assessment Center Technician.

\_\_\_\_ I understand that after acceptance into the program, I will be required to submit to a national criminal background check, drug screen, and sex offender check.

\_\_\_\_ I have completed all prerequisite courses with a grade of ‘C’ or better, or I am currently enrolled in the remainder of my prerequisites with a current grade of ‘C’ or better.

**NOTE:** If you attended an out-of-state school, please do the following: 1) find the school’s accreditation status on its website and print; 2) go to the accrediting body’s website and print out the page that says the school is regionally accredited. Include these documents in your packet.

\_\_\_\_ I have submitted official transcripts from ***all*** of the colleges/universities where I ***originally*** completed prerequisite courses. Transcripts may be submitted either by mail (Attn: Paramedic Program) or in a sealed official envelope with my application. Transcripts not received by the application deadline, or which are opened, could render my file incomplete; **OR**, I am currently enrolled in one or all of the prerequisites courses. I have included email(s) from my instructor(s) with current course grade(s).

**NOTE:** Bridgerland will **not** accept high school transcripts for college credit. If you took your prerequisite courses at Bridgerland, you may request a Bridgerland transcript by visiting our website at http://btech.edu/students/student-guide#transcripts; mail, fax, or bring the form to Bridgerland’s Student Services in person. Allow 3-5 business days for processing transcripts once information/payment has been received. Official Bridgerland transcripts are $3 each.

\_\_\_\_ I am submitting transcripts from another state and I have provided a course description for each course so it can be determined if transfer credit can be given. I understand I only need to submit course descriptions for the prerequisite courses I want to transfer. \_\_\_\_ I understand that if Bridgerland will not accept my out-of-state prerequisite courses for transfer credit, I may need to retake those courses and my application will be considered incomplete.

\_\_\_\_ I have included a copy of my current EMT certification that is valid through the entirety of the Paramedic Program.

\_\_\_\_ I have completed all sections of the Bridgerland Paramedic Program Application Form including the Goal Statement and sealed Reference Evaluation forms.

\_\_\_\_ I have initialed or placed N/A on every line of this application checklist. I understand that failure to provide the above information by the application deadline will render my file incomplete and it will be returned.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**Bridgerland Technical College**

**Paramedic Program**

**Application Form Spring 2019**

|  |  |
| --- | --- |
| First Name |  |
| Pref. Name |  |
| Last Name |  |
| Maiden/Aliases  |  |
| Home Address |  |
| City, State, Zip |  |
| Mailing Address *(if different from above)* |  |
| Email Address |  | Date of Birth |  |
| Cell Phone |  | Home Phone |  |
| Emergency Contact: | Name |  | Phone |  |

**Health Care Training** (Must have current certification to be awarded point)

Emergency Medical Technician (EMT) Yes ❑ No ❑ Date of Expiration \_\_\_\_\_\_\_\_\_

 Certification # National Registry:

EMT-Advanced Yes ❑ No ❑ Date of Expiration \_\_\_\_\_\_\_\_\_

 Certification # National Registry:

\*Students with out of state EMT or national registry certification may have additional requirements\*

If “Yes”, please include a copy of current certifications in your application.

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Medical Services Work or Volunteer Experience**

List most recent work or volunteer experience first. If none, indicate by N/A.

May attach separate sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Agency  |  | Phone |  |
| Address |  |
| Position |  | Supervisor |  |
| Job Description  |  |
| Total months and/or years employed or volunteered: From – To (dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ years \_\_\_\_ months | ❑Full-Time (32+ hrs/wk)   ❑Part-time (2-31 hrs/wk) |
| Agency  |  | Phone |  |
| Address |  |
| Position |  | Supervisor |  |
| Job Description  |  |
| Total months and/or years employed or volunteered: From – To (dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ years \_\_\_\_ months | ❑Full-Time (32+ hrs/wk)   ❑Part-time (2-31 hrs/wk) |
| Agency  |  | Phone |  |
| Address |  |
| Position |  | Supervisor |  |
| Job Description  |  |
| Total months and/or years employed or volunteered: From – To (dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ years \_\_\_\_ months | ❑Full-Time (32+ hrs/wk)   ❑Part-time (2-31 hrs/wk) |
| Agency  |  | Phone |  |
| Address |  |
| Position |  | Supervisor |  |
| Job Description  |  |
| Total months and/or years employed or volunteered: From – To (dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ years \_\_\_\_ months | ❑ Full-Time (32+ hrs/wk)  ❑ Part-time (2-31 hrs/wk) |

**Prerequisite Unofficial Grade Worksheet**

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

Please fill out the information below concerning your prerequisite courses. This will assist us in making sure all of your courses are accounted for. Be sure to transfer the **exact** grade, with a plus or minus as applicable. Please be aware that all grades will be verified using official transcripts. Collegiate level coursework taken at other colleges will be considered as competency on a case-by-case basis. The Paramedic Program Director will contact you if the course you took at another college does not meet our prerequisite competencies.

All prerequisite courses must be completed with a grade of “C” or better. Grades of “C-” or below are unacceptable. If you are currently enrolled in one or all of the prerequisites listed below, include email(s) from your instructor(s) with your current course grade(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prerequisite Course**  | **School** | **Year** | **Semester** | **Grade** |
| Medical Terminology |  |  |  |  |
| Math |  |  |  |  |
| English |  |  |  |  |
| Anatomy & Physiology (combined) |  |  |  |  |
| \*Anatomy  |  |  |  |  |
| \*Physiology |  |  |  |  |

\*A combined A&P course is all that is required as a prerequisite. However, stand-alone Anatomy and Physiology courses could also demonstrate competency.

I understand that providing false or misinformation regarding the grades I received in any of the prerequisite courses may render my application incomplete.

|  |  |  |
| --- | --- | --- |
| Signature of Applicant |  | Date |

**Professional Goal Statement**

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

Using the lines below and on the next page, write a statement of your professional goals. Please address your career goals, why becoming a paramedic is important to you, your beliefs that will contribute to the profession, and any other pertinent information. Scoring is based on the following criteria:

* The statement ***must*** be handwritten; typed statements will not be accepted.
* The statement ***must*** be a ***minimum*** of 150 words and a ***maximum*** of 200 words. Count carefully!
* **The statement will be graded on legibility, spelling, punctuation, grammar, and sentence structure.**

**Professional Goal Statement - Continued**

 – Please Note –

Only complete applications are considered for review

**References**

List the names of the three professional people who will be completing your reference evaluation forms. If employed with an agency, two forms must be completed by a paramedic or your direct supervisor. Other potential references include people who are now or who have been your employer, supervisor, former instructor, or community leader. They must have known you for at least six months and cannot be related to you. You must have three reference forms returned in order to potentially receive the maximum three points. Two reference forms are required for application consideration but will not qualify for all three points.

|  |  |
| --- | --- |
| Name  |  |
| Address  |  |
| Institution  |  | Position |  |

|  |  |
| --- | --- |
| Name  |  |
| Address  |  |
| Institution  |  | Position |  |

|  |  |
| --- | --- |
| Name  |  |
| Address  |  |
| Institution  |  | Position |  |

**Bridgerland Technical College**

**Paramedic Program**

**Personal Reference Evaluation Instructions**

**TO THE APPLICANT:** Please complete this section only.

Applicant Name

**Please Note:** *The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student access to educational records concerning them. However, students are permitted to waive their rights to access recommendations.*

**The following signed statement indicates the applicant’s wish regarding this recommendation:**

I ❏ waive / ❏ do not waive my right to see this form or any supplementary notes or letters pertaining to this reference form.

Applicant’s Signature Date

**TO THE EVALUATOR:** Please complete the remainder of this document.

The above-named applicant has chosen you as a reference in support of an application for the Paramedic Program at Bridgerland Technical College. This is based on the understanding that you have known the applicant for at least six (6) months.

We are particularly interested in your appraisal of the applicant’s abilities and potential for further education. Please take a few moments to complete the bottom of this form and the next two (2) pages. When complete, please seal the forms in an envelope, sign the seal, and return the envelope to the applicant.

Thank you,

Shanna Alger

Director, Paramedic Program

Evaluator’s Signature Date

 Title

 Institution

 Address

 City, State, Zip

 Phone Number

Length of time you have known Applicant

Capacity in which you have known Applicant

**Bridgerland Technical College**

Paramedic Program

**Reference Evaluation Form**

**Instructions:** The following questions or statements identify a variety of traits, skills, attitudes, etc. Please indicate the degree to which each quality is characteristic of the candidate you are rating by reading the statement carefully, reading the points on the scale, and circling the number of your choice on the scale. Please rate each statement independently and avoid a tendency to rate on general impressions. One characteristic might influence the rating of all characteristics. Specific comments in each category are encouraged.

|  |
| --- |
| **Problem Solving:** Ability to identify and solve problems |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Attitude:** Outlook projected towards life, school, job, etc. |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Negative |  | Average |  | Positive |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Stress/Anxiety Response:** Deals with stressful, anxiety-producing situations |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent, calm & effective |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Motivation/Accountability:** Extent to which individual applies self and is accountable |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Uninspired/blames others |  | Average |  | Self-starter; motivated;accountable |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Appearance:** Extent to which standards of appearance are met |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Untidy |  | Average |  | Well-groomed |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Health:** Extent to which health or physical disability affects performance |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Health problems often interfere |  | Average |  | Health almost never interferes |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Communication Skills:** Ability to communicate with peers, coworkers, teachers, etc. |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Integrity:** Extent to which the candidate displays an ethical code |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- |
| **Interpersonal Relationships:** Ability to cooperate and get along with peers, coworkers, teachers, employees, etc. |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

In summary, please indicate the degree to which you support this applicant for study in Nursing:

 I strongly support this applicant

 I support with reservation. Please indicate your concerns in the comments section below.

 I **do not** support this applicant. Please indicate your concerns in the comments section below.

|  |  |
| --- | --- |
| Comments: |  |
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 Additional comments may be placed on a separate page.

**Place in envelope, seal the envelope,**

**sign the seal, return to applicant.**

**(Envelopes will not be accepted unsigned)**

**Bridgerland Technical College**

**Paramedic Program**

**Personal Reference Evaluation Instructions**

**TO THE APPLICANT:** Please complete this section only.

Applicant Name

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Applicant’s Signature Date

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Thank you,

Shanna Alger

Director, Paramedic Program

Evaluator’s Signature Date

 Title

 Institution

 Address

 City, State, Zip

 Phone Number

Length of time you have known Applicant

Capacity in which you have known Applicant

**Bridgerland Technical College**

Paramedic Program

**Reference Evaluation Form**

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|  |
| --- |
| **Problem Solving:** Ability to identify and solve problems |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Attitude:** Outlook projected towards life, school, job, etc. |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Negative |  | Average |  | Positive |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Stress/Anxiety Response:** Deals with stressful, anxiety-producing situations |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent, calm & effective |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Motivation/Accountability:** Extent to which individual applies self and is accountable |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Uninspired/blames others |  | Average |  | Self-starter; motivated;accountable |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Appearance:** Extent to which standards of appearance are met |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Untidy |  | Average |  | Well-groomed |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- |
| **Health:** Extent to which health or physical disability affects performance |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Health problems often interfere |  | Average |  | Health almost never interferes |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Communication Skills:** Ability to communicate with peers, coworkers, teachers, etc. |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- |
| **Integrity:** Extent to which the candidate displays an ethical code |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Interpersonal Relationships:** Ability to cooperate and get along with peers, coworkers, teachers, employees, etc. |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

In summary, please indicate the degree to which you support this applicant for study in Nursing:

 I strongly support this applicant

 I support with reservation. Please indicate your concerns in the comments section below.

 I **do not** support this applicant. Please indicate your concerns in the comments section below.

|  |  |
| --- | --- |
| Comments: |  |
|  |  |
|  |  |
|  |  |

 Additional comments may be placed on a separate page.

**Place in envelope, seal the envelope,**

**sign the seal, return to applicant.**

**(Envelopes will not be accepted unsigned)**

**Bridgerland Technical College**

**Paramedic Program**

**Personal Reference Evaluation Instructions**

**TO THE APPLICANT:** Please complete this section only.

Applicant Name

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Shanna Alger

Director, Paramedic Program

Evaluator’s Signature Date

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 Institution

 Address

 City, State, Zip

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Length of time you have known Applicant

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**Bridgerland Technical College**

Paramedic Program

**Reference Evaluation Form**

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| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

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| **Attitude:** Outlook projected towards life, school, job, etc. |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Negative |  | Average |  | Positive |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Stress/Anxiety Response:** Deals with stressful, anxiety-producing situations |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent, calm & effective |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Motivation/Accountability:** Extent to which individual applies self and is accountable |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Uninspired/blames others |  | Average |  | Self-starter; motivated;accountable |  |
| **Comment:** |  |  |  |  |  |
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|  |
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| **Appearance:** Extent to which standards of appearance are met |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
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| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

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| **Health:** Extent to which health or physical disability affects performance |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Health problems often interfere |  | Average |  | Health almost never interferes |  |
| **Comment:** |  |  |  |  |  |
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| --- |
| **Communication Skills:** Ability to communicate with peers, coworkers, teachers, etc. |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Integrity:** Extent to which the candidate displays an ethical code |
| 1 | 2 | 3 | 4 | 5 | Unable to Assess |
| Poor |  | Average |  | Excellent |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Interpersonal Relationships:** Ability to cooperate and get along with peers, coworkers, teachers, employees, etc. |
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| Poor |  | Average |  | Excellent |  |
| **Comment:** |  |  |  |  |  |
|  |  |  |  |  |  |

In summary, please indicate the degree to which you support this applicant for study in Nursing:

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 I support with reservation. Please indicate your concerns in the comments section below.

 I **do not** support this applicant. Please indicate your concerns in the comments section below.

|  |  |
| --- | --- |
| Comments: |  |
|  |  |
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