

**IDAHO STATE UNIVERSITY  
SCHOOL OF NURSING**

**Professional Reference Form for Masters of Science Program Applicants**

Directions to Applicant: Please complete information above the double line prior to giving this form to individuals from whom you have requested references.

\_\_\_\_\_ (Name of Applicant)

Check Pathway:

- ◀ Associate Degree to Master's Degree
- ◀ Bachelor of Science Degree to Master's Degree
- ◀ Post-Master's Certificate

at Idaho State University School of Nursing in the following:

- Clinical Nurse Leader
- Clinical Nurse Specialist
- Family Nurse Practitioner
- Nursing Education
- Nursing Leadership

The applicant has requested a reference from you and has chosen to make this statement:

\_\_\_ confidential and waives all rights to read the contents of this evaluation. Confidential references are prepared for use of the ISU School of Nursing Graduate Committee only and will not be shown to the applicant.

\_\_\_ non-confidential

According to the Family Education Rights and Privacy Act of 1984.

Signed \_\_\_\_\_ (Applicant)

Dated \_\_\_\_\_

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**Please rate the applicant on each of the following criteria by circling the number which most accurately describes the applicant.**

4=excellent    3=above average    2=average    1=below average    NA=not applicable

Exhibits sound clinical judgement	4	3	2	1	NA
Able to problem solve	4	3	2	1	NA
Exhibits technical competence	4	3	2	1	NA
Performs well under stress	4	3	2	1	NA
Demonstrates initiative	4	3	2	1	NA
Functions independently	4	3	2	1	NA
Collaborates with other health care workers	4	3	2	1	NA
Establishes effective collegial relationships	4	3	2	1	NA
Functions as a patient advocate	4	3	2	1	NA
Maintains ethical standards	4	3	2	1	NA
Dependable	4	3	2	1	NA

