

2023 NURSE EXTERNSHIP PROGRAM
Clinical Faculty Reference

This recommendation form is to be completed by a faculty member, clinical instructor, or supervisor if the applicant is employed.

Name of Applicant _____

You have been chosen as a reference in support of the above student’s application to the Summer 2023 UMSL/BJC Nurse Externship Program (NEP). We are interested in your assessment of the applicant’s abilities and potential for success in the NEP.

This form is in a PDF format that can be printed and completed by hand or electronically directly on your computer. Additional information about the UMSL/BJC NEP can be found via this [link](#).

Based on your experience with the student in the clinical setting, please evaluate the student on the following items and use the scale on the right.

	Very Good (Top 10%)	Good (Top 25%)	Average	Below Average
<i>WORK SKILLS</i>				
1. Organization of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ATTITUDES TOWARDS WORK</i>				
1. Attitude toward learning new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to adjust to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>PERSONAL QUALITIES</i>				
1. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the applicant’s major strengths?

What areas need further improvement?

What is your overall evaluation of this student compared with others at the same level in your program?

In your opinion, would this student be prepared to function as a nurse extern in:

Intensive Care setting? Yes No Emergency Unit? Yes No General Care Area? Yes No

Name of person completing this form _____ **Title** _____

School _____ **Date** _____