# Nursing & Health Services Training Consultants, Inc.

## PROFESSIONAL REFERENCE FORM

pplicant, please <u>clea</u> r	rly and <u>com</u>	<u>oletely</u> fill o	ut all infor	mation in the	numbered sections on	ly.	
O Company:				<b>2</b> A. My position with this employer was:			
Address:				$\square$ RN $\square$ LPN $\square$ CNA $\square$ Other			
/ Idd1055					LILPN LICNA L		
				B. I was employed from:to:			
Phone #: Fax #:				C. This reference serves as verification of my:			
				$\square$ Pediatric Experience $\square$ Clinical Experience $\square$ N/A			
my work performar	, Inc. to investignce and history, box 1) and its ag	gate and obtain whether such gent from any	n any informat information is and all liabilit	ion relating to my favorable or unfa y and claims with	y employment and any pertin worable to me. I hereby, rel respect to furnishing such in	lease the above mentioned	
Print Applicant Nar	Print Applicant Name A			licant's Signature Date			
APPLICANT- DO							
	Outstanding	Good	Poor	N/A			
Knowledge	Ĭ			í í			
Punctually							
Performance							
Cooperation							
Dependability							
Personality							
Position Held: Type of Work Perform							
Would You Consider	Applicant for F	Rehire? 🗖 Y	es 🗖 No 🛛	Reason for Leav	ing:		
Dates of Employment:	from:		to: _				
✤ COMAR 10.09.53	3.03 D. require perience which HSTC, Inc. is	s PDN agenc 1 includes peo dependent up	ies to "ensur diatric direct on verificatio	e" each nurse re patient care with on of the followi	ndering services to a pedia hin the last 2 years. Any c ng:		
Person Completing th	nis Form Sign	ature		Ti	tle		
Print Name	Print Name			Date			
Office Use Only:	Via Verbal: ( <sup>3</sup>	<sup>*</sup> Complete inj	formation ab	ove and write no	ame of person and title pro	oviding information)	
HR Representative S	ignature:				Date:		

### **Reference Instructions** (please read carefully before completing reference forms)

NHSTC, Inc. requires three (3) verifiable references: (2) Professional References and (1) Personal Reference- *usually in the form of a <u>Letter of Recommendation</u>.* 

The application includes (2) professional reference forms. Please ask Human Resources, if you need additional forms; and if you would prefer to use a Letter of Recommendation Form.

 References must all be from different individuals, organizations and non-family. (We will not accept 2 or more of the same reference from the same individual and/or organization)

#### **Professional References**

- Complete top numbered section only on the Professional Reference Forms.
- Professional References in most cases should only be from organizations to which you have provided direct care/ services and that can verify your dates of employment, position, and experience. (Personal contacts/numbers are acceptable in some cases only)
- Personal contacts/numbers are acceptable only, if the individual is someone you have provided direct care/ services to- such as a private duty case; or if the individual has a very small-run organization (run by several individuals)

(Please check with Human Resources if your Professional References do not fit the criteria above)

#### Personal Reference / Letter of Recommendation

- May be handwritten or typed and must include contact information (name and number/ or email).
- May be written by a work colleague, supervisor, professor, or anyone else who can attest to your work ethic and character.
- May <u>not</u> be written by someone who is also a Professional Reference.

#### Specialty/Interest

- If you are interested in the Pediatric Division, please make sure to include at least one verifiable reference that demonstrates your pediatric experience (pediatric direct patient care within the last two (2) years).
- Also, if you have a specialty/interest, please provide a reference that demonstrates your experience in your specialty/interest.