

[LPN TO RN ADVANCED PLACEMENT REFERENCE:
COLLEAGUE OR SUPERVISOR REFERENCE FORM]



Applicant's Name:

L Number:

I am applying to the **Lane Community College LPN to RN Nursing Program** and give permission for (LPN or RN colleague or instructor name): _____ to complete this form, place it in a sealed agency envelope and return it to me to attach to my application before _____ date. I waive my right to review this reference at any time.

Applicant Signature Date

Instructions to Applicants: References from **two individuals** with direct knowledge of your work as an LPN are required for your application for advanced placement into a Nursing program implementing the OCNE curriculum, using one of the copies in this application. One reference must come from a **colleague or instructor** who has worked with you in a healthcare setting and one reference must be from a **healthcare facility supervisor** who has been involved in supervising and/or evaluating your performance **within the past year**. Fill in your name and your colleague's or instructor's name or healthcare facility supervisor's name on the lines provided above and sign and date the form in the space provided. The colleague, instructor or supervisor is asked to circle the appropriate number on each line, sign (including title and agency name and phone number) and date the form, place it in an agency envelope with their name signed across the seal and return it to you to attach to your application.

Instructions to Healthcare Colleague and Healthcare Facility Supervisor: The LPN whose name appears on the line above is applying for advanced placement to the Lane Community College RN to LPN Nursing Program. Their application will not be complete without the required references. Please take a few moments to answer the following questions based on your experience with this applicant.

Please circle the number that **best matches your knowledge of the applicant**. Do Not write in partial points. (The score, in a case where a partial point is written, will be rounded **down** to the lower whole number.) Evaluation begins on the next page.



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1 = Doesn't Meet Expectations; 2 = Meets at Least Minimum Expectations 3 = Serves as a Role Model for Others.

1. How well would you say this individual interacts with individuals from varied backgrounds, cultures, ethnicity and lifestyles?	1	2	3
2. How closely does this individual demonstrate the ethical behavior, honesty and integrity you would expect of a Nurse?	1	2	3
3. How articulate is this individual when communicating orally and in writing?	1	2	3
4. How suitable is this individual for transitioning from the Licensed Practical Nurse role to the role of the Registered Nurse?	1	2	3
5. How likely is this individual to remain calm and stable when performing under pressure?	1	2	3
6. How would you rate this individual's leadership and problem solving abilities?	1	2	3

_____/_____ Email: _____

Colleague or Supervisor signature and title

Date: _____ Agency Name /Phone Number _____/_____

Comments: