**Cone Health**

**Student Extern / Nursing Residency / New Graduate Reference Form**

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| **To Be Completed By Student** |
| **Name:** | **Date:** |
| ***Applying for:*** [ ]  *Externship*  [ ]  *Residency*  [ ]  *New Graduate*  |

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| **Instructions for Clinical Instructor** |
| 1. Rate applicant using scale below.
2. Please email form to nursingrecruitment@conehealth.com with **New Grad Reference** and the **candidate’s name** in the subject line.
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| **ALL INFORMATION IS STRICTLY CONFIDENTIAL**

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|  | **Superior** | **Good** | **Average** | **Fair** | **Poor** |
| **Academic Performance/Intellectual Ability** |  |  |  |  |  |
| **Critical Thinking Skills** |  |  |  |  |  |
| **Communication Skills** |  |  |  |  |  |
| **Clinical/Technical Competence** |  |  |  |  |  |
| **Organizational Skills** |  |  |  |  |  |
| **Professionalism** |  |  |  |  |  |
| **Dependability** |  |  |  |  |  |
| **Attendance** |  |  |  |  |  |
| **Leadership Qualities** |  |  |  |  |  |

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| **Additional Comments:**  |
| In comparison with the others in the class, how would you rank this student? [ ]  Upper 10% [ ]  Upper 25% [ ]  Middle [ ]  Lower 25% [ ]  Lower 10%  |
| **Dates of Clinicals:** |
| **Completed by:** | **Title/Class:** |
| **Name of Facility/Organization:** | **Date:** |
| **In accordance with the Privacy Act of 1974, Public Law 93-579, which went into effect 9/27/75, I hereby give my permission to Cone Health to procure any information they deem necessary for the processing of my application. I authorize you to make such investigations and inquiries of my personal employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.** |
| **Signature of Applicant:(electronic signatures accepted)** | **Date:** |