**Cone Health**

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

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

|  |  |  |
| --- | --- | --- |
| **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. | | |
| **ALL INFORMATION IS STRICTLY CONFIDENTIAL**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Superior** | **Good** | **Average** | **Fair** | **Poor** | | **Academic Performance/Intellectual Ability** |  |  |  |  |  | | **Critical Thinking Skills** |  |  |  |  |  | | **Communication Skills** |  |  |  |  |  | | **Clinical/Technical Competence** |  |  |  |  |  | | **Organizational Skills** |  |  |  |  |  | | **Professionalism** |  |  |  |  |  | | **Dependability** |  |  |  |  |  | | **Attendance** |  |  |  |  |  | | **Leadership Qualities** |  |  |  |  |  | | | |
| **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:** |