



**HARMONY HEALTH CARE INSTITUTE, INC.**

**Confidential Reference Form**

**Directions:** Applicant must Type or Print and return to HHCI Admissions Office

\_\_\_\_\_  
Last Name                                  First Name                                  Middle Name

*Applicants please check the box which applies to you.*

HHCI has my authority to contact this recommending individual or entity.  
Signature of Applicant: \_\_\_\_\_

I waive my rights to examine this referral or recommendation form.  
Signature of Applicant: \_\_\_\_\_

**To be completed by the referring individual or entity (Please Type or Print)**

The named is an applicant for admission to the Licensed Practical Nurse Program at Harmony Health Care Institute. HHCI would appreciate your honest evaluation of this candidate’s qualities and potential for success in our program. Please note that your evaluation of this candidate will be treated as confidential information provided the applicant consents to this request above.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this Applicant? \_\_\_\_\_

Your Relationship to this Applicant: \_\_\_\_\_

Qualities/Skills	Excellent	Above Average	Average	Below Average
Communication				
Attitude				
Assertiveness				
Social Skills				
Organizational Skills				
Trustworthiness				
Attention to Detail				
Performance				

Please describe any other strengths/ weaknesses this applicant has that could influence his/her performance in the Practical Nursing Program. Write on the reverse side of this form if necessary.

Signature & Title of referring individual: \_\_\_\_\_ Date: \_\_\_\_\_