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

☐ 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 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:_____

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