



2023-24 PRACTICAL NURSING PROGRAM APPLICATION FOR PROGRAM ACCEPTANCE

Tooele Technical College's Practical Nursing Program is accredited by:
The Accreditation Commission for Education in Nursing (ACEN).

ACEN

3390 Peachtree Rd Suite 1400

Atlanta, GA 30326

404-975-5000

acenursing.org

Step 1	<p>Complete the following prerequisite courses with a "B-" grade or higher and have a cumulative GPA of 3.0 from a regionally accredited educational institution:</p> <p>Required Courses: BIOL 2320 Human Anatomy BIOL 2420 Human Physiology* FCHD 1500 Human Development Across the Lifespan OR PSYCH 1010 OR 1100</p> <p><i>*This course must have been taken within the last five years of enrollment date.</i></p> <p>Recommended Courses (required for most RN programs): CHEM 1010 General Chemistry ENGL 1010 Introduction to Writing STAT 1040 or 1045 Introduction to Statistics NURS 2500 Nursing Pathophysiology or BIOL 2520 Pathophysiology</p> <p>NOTE: The most recent prerequisite course grades will be used. Pass/Fail and Credit/No Credit scores are not accepted. AP credit is granted if the score is 4 or 5 and the course has been taken in the last five years.</p>
Step 2	<p>Complete this Tooele Technical College Practical Nursing (PN) Program application. Applications will be reviewed monthly during the program application period (June-August). Applications must be received on or before the first of the month application deadline to be considered in that month's review.</p> <p>Application Deadlines: Early: June 1, 2023 On Time: July 1, 2023 Late: August 1, 2023** Mandatory Orientation: Thursday, August 24, 2023 Classes Begin: August 28, 2023</p> <p>The <i>complete</i> application packet may be submitted in person to a Student Services Representative or mailed to:</p> <p style="text-align: center;"> Tooele Technical College Attn: Practical Nursing Program 88 S. Tooele Blvd. Tooele, UT 84074 </p> <p>NOTE: The applicant is responsible for collecting and ensuring the return of all materials listed on the application checklist sheet. PN Program admission is automatically denied for applicants submitting incomplete application packets. **Applicants due to complete prerequisite courses after the August 1st deadline of the current application year are still encouraged to apply. These applicants should submit current transcripts at the time of application and may be conditionally accepted into the program. These applicants will be required to provide final transcripts showing the required grade of B- or higher for all prerequisite courses on or before August 18, 2023.**</p>
Step 3	<p>Upon conditional acceptance into the PN Program, students must meet the admission requirements of the PN Program and <i>complete</i> the Tooele Technical College registration process to be actively enrolled on the first day of class. Call an Enrollment Specialist at 435-248-1851 for information on the College registration process.</p>

Please read all of the information in this PN Program application carefully. If you have any questions regarding the application packet, please contact Janae Duersch at (435) 248-1864 or jduersch@tooeletech.edu

1. The PN Program is a 900 clock hour/ 27 credit hour program. The necessary prerequisites are not included in the 900 hours and must be completed prior to starting the program. Refer to Step 1.
2. The application process is time-intensive so allow plenty of time in order to submit the *completed* application packet on time.
3. The application process does not discriminate based on race, color, national origin, religious background, sexual orientation, age, or disability.
4. Please carefully read the information found in this application packet **and** the information found on the PN Program web page at <https://tooeletech.edu/training-programs/healthcare/practical-nursing/>
5. The completed application packet must be *submitted in person* to a Student Services Representative or mailed to the College. The application packet must include all of the required supporting documents together in a *sealed manila envelope*.
6. If delivering your application to a Student Services Representative, *you must* sign and date the envelope with your full name legibly written and the date and time you turned your application packet over to the Student Services Representative.
7. Incomplete applications will **NOT** be accepted for admission.
8. Completing an application does not guarantee admission into the program.
9. Applications will be reviewed monthly during the program application period (June-August). Applications must be received on or before the first of the month application deadline to be considered in that month's review. . **Applicants due to complete prerequisite courses after the August 1st deadline of the current application year are still encouraged to apply. These applicants should submit current transcripts at the time of application and may be conditionally accepted into the program. These applicants will be required to provide final transcripts showing the required grade of B- or higher for all prerequisite courses on or before August 18, 2023.**

10. The following documents must be included with the application

- a. Official transcripts which include the final grades for all prerequisite coursework in an unopened, sealed envelope from the college attended. Transcripts may also be sent electronically directly from the college attended to practicalnursing@tooeletech.edu
- b. Documentation of American Heart Association or American Red Cross **Basic Life Support (BLS)** Certification for Healthcare Providers
- c. Verification of a satisfactory Tooele County Sheriff's Department (or any other county in the state of Utah) background check. Background check results will be returned to the student directly from the county sheriff's department. **This should be in a sealed envelope with the signature of the officer performing the background check over the seal.** The *official unopened envelope and contents must be included with this application packet.*
- d. A negative 10-panel drug screen sent directly to Tooele Technical College email practicalnursing@tooeletech.edu Drug tests must state "negative" in the results field for each drug tested. No numeric values will be accepted. (Please check with the drug test facility BEFORE testing to be sure their results are displayed in this format.)
- e. Evidence of fulfillment of immunization requirements (see page 7 of this application)
- f. The following are required after conditional acceptance into the PN Program
 - i. Completed registration at Tooele Technical College
 - ii. Attendance on orientation day, Thursday, August 24, 2023.

By signing here I agree that I have read and I understand the information on this page and the PN web page at <https://tooeletech.edu/training-programs/healthcare/practical-nursing/>

Signature _____ Date _____

APPLICATION CHECKLIST

Complete the following checklist. It is the responsibility of the student to ensure that all items are completed and submitted with the application packet. Turn in the application packet only when all of the forms are completed and the required information can be included. Please note, any missing information will render your application packet incomplete and you will not be considered for admission into the PN Program.

Please place an "x" in each box next to the following statements to signify your completion of each step in the application checklist:

- ☐ I have completed the Tooele Tech PN Program application packet, ensuring each form in this packet has been read, understood, signed, and dated.
- ☐ I have included official transcripts verifying required and, if feasible, recommended prerequisite courses are completed with a "B-" or better and a cumulative GPA of 3.0 or higher was maintained. I understand the prerequisite courses may not be taken more than twice during the five years prior to the PN Program application. All official transcripts must be submitted in a sealed official envelope from colleges/universities where I originally completed the prerequisite courses. Transcripts not received by the application deadline, or which are opened, will render the application packet incomplete and the applicant will not be considered for admission into the PN Program.
- ☐ If I am submitting transcripts from another state I have included official course descriptions for each course to assist with transfer credit determination. I understand transfer credits will only be accepted from regionally accredited institutions and that I only need to submit course descriptions for the prerequisite courses to be transferred.
- ☐ I have included documentation of my current American Heart Association or American Red Cross BLS Certification.
- ☐ I have had the results of my 10-panel drug screen electronically sent to Tooele Technical College email practicalnursing@tooeletech.edu
- ☐ I have included 3 professional references in their unopened (showing signature over seal) envelopes. I understand references that have been sealed with signature over the seal or are opened will render the application file incomplete and I will not be considered for admission into the PN Program.
- ☐ I have enclosed an official, unopened envelope with a background check in this application packet. (You need to take an envelope with you and have the sheriff's department seal it and have the officer performing the background check sign over the sealed envelope). I understand background checks which have been opened will render the application file incomplete and I will not be considered for admission into the PN Program. I also understand admission into the PN Program is contingent upon submission of a satisfactory background check.
- ☐ I have included evidence of the fulfillment of immunizations.
- ☐ I understand that failure to provide all of the above items by the PN Program application deadline will render my file incomplete and disqualify my application for admittance into the PN Program.

By signing here I agree that I have read and I understand the information on this page.

Signature of Applicant _____ Date _____

APPLICATION TIMELINE

Application Deadlines:

- **Early:** June 1, 2023
- **On Time:** July 1, 2023
- **Late:** August 1, 2023

Interview Schedule

- Applicants meeting minimum requirements will be contacted and scheduled for interviews as follows:
 - **Early Applicants:** No later than June 15, 2023
 - **On Time Applicants:** No later than July 15, 2023
 - **Late Applicants:** No later than August 5, 2023

Acceptance Status

- Applicants will be notified of their acceptance status within 5 business days of when the last interview is held for the application period (early, on time, late)

Mandatory Orientation: Thursday, August 24, 2023

Classes Begin: August 28, 2023

By signing here I agree that I have read and I understand the information on this page.

Signature of Applicant _____ Date _____

PROGRAM PREREQUISITES

It is preferred that all required prerequisites be completed before you apply to the Practical Nursing Program. See Practical Nursing Program Application page 1 step #1 for specific information.

PLAN OF STUDY

First Term

NRSG 1010 Foundations of Nursing Care Practice
NRSG 1011 Nursing Care of the Mental Health Patient
NRSG 1012 Pharmacological Nursing Care I
Labs, clinicals, and simulations are also conducted throughout the term.

Second Term

NRSG 1013 Pharmacological Nursing Care II
NRSG 1014 Nursing Care of the Family
NRSG 1015 Nursing Care of the Adult Patient
Labs, clinicals, and simulations are also conducted throughout the term.

PRACTICAL NURSING PROGRAM COSTS

Tuition:	\$2295.00
Learning Resources (Books,etc.)	\$1544.97
Uniform	\$210
Drug Screen	\$37
Background Check	\$10
Immunizations/Titers	\$200
Stethoscope	\$50
Certification & Testing (NCLEX)	\$299.00
TOTAL	\$4645.97

Please Note: All costs are approximate and subject to change at any time and without notice. Applications may only be used for one application period. Applicants not accepted may re-apply in the future by completing a new current program application. Admission to the program is not guaranteed.

By signing here, I agree that I have read and I understand the information on this page.

Signature_____Date_____

PROCESSING APPLICATIONS

1. Applications will be reviewed monthly during the program application period (June-August). Applications must be received on or before the first of the month application deadline to be considered in that month's review.
2. Once the current application period is closed, applicants will be evaluated using a point system based on residency, prior degrees, experience (work/volunteer) reference letters, interview, and attendance to the PN Program Information Session.
3. Qualifying applicants will be accepted into the program on a first-come-first-served basis, with early applicants given priority followed by on-time then late applicants. Once the program's maximum capacity has been reached, all other qualified applicants will be placed in rank-order on an alternate list. If you are an alternate, you may be notified of an available seat as late as the beginning of the first week of class.
4. Full admittance into the PN Program is contingent upon verification of a negative 10-panel drug screen, completed background check, and evidence of immunization requirements.
5. Applicants not accepted and wishing to re-apply may do so using the most-current PN Program application. Admission to the PN Program is not guaranteed.

SCORING SYSTEM USED – PRACTICAL NURSING PROGRAM

CRITERION	Points Awarded
1. Resident of Tooele County	_____/1
2. Prior Degrees	_____/4
Associates Degree +2	
Bachelor's Degree (BA or BS) +3	
Master's Degree or Higher +4	
<i>Points only awarded for highest degree earned</i>	
3. Health Care Work/Volunteer Experience	_____/5
3-6 Months +1	
7-12 Months +2	
13-24 Months +3	
> 24 Months +5	
4. Attended PN Info. Session within the last 2 years at TTECH	_____/2
5. Reference Letter Responses (points awarded for each of the 3 references)	
Do not support the student +0	_____/6
Support with reservation +1	
Strongly support +2	
6. Application Deadline	
Early (June 1, 2023) +2	_____/2
On Time (July 1, 2023) +1	
Late (August 1, 2023) +0	
7. Interview	_____/40
Total Points	_____/60

By signing here, I agree that I have read and I understand the information on this page.

Signature_____Date_____

IMMUNIZATION REQUIREMENT INFORMATION

Students are required to show the fulfillment of current immunizations at the time of application. Immunizations may be obtained from a private physician or health department. The following immunizations are required:

Vaccine	Cost (each)	Cost (extended)	Notes
Hepatitis B (series of 3)	\$50.00	\$150.00	
Influenza	\$30.00	\$30.00	Given October 01 through March 31
MMR (series of 2)	\$78.00	\$156.00	OR documentation of a positive antibody titer for measles/rubella.
PPD-Tuberculosis (TB) Manitou Test	\$15.00	\$15.00	a. The PPD must remain valid for the duration of the program. b. If PPD positive must show an adequate workup for TB indicating you are not currently communicable. A chest x-ray or physician's note is acceptable.
Varicella (chickenpox – series of 2)	\$130.00	\$260.00	OR positive titer for varicella.
TDap (Tetanus, Diphtheria, Pertussis)	\$51.00	\$51.00	This is not the same as a DPT, a Td, or a Tetanus. (This vaccination needs to be given in the last 10 years)
Covid 19	no charge	no charge	Required by clinical sites
*TOTAL COST		\$662.00	

NOTE: *Costs quoted are subject to change without notice. Reported costs are from the Tooele County Health Department.

A local provider of immunizations is the Tooele County Health Department, 151 North Main Street, Tooele, Utah 84074. Walk-in Immunization Clinics are held Monday through Thursday from 8:00 a.m. – 5:30 p.m. and Fridays 8:00 a.m. to 11:30 a.m. The Clinic is closed the first Wednesday of each month from 4:00 p.m. to 5:00 p.m., weekends and holidays. Call (435)277-2311 for more information or to check availability.

By signing here I agree that I have read and I understand the information on this page.

Signature_____Date_____

BACKGROUND CHECK, SEX OFFENDER CHECK, AND DRUG SCREEN INFORMATION

- Admission into the Practical Nursing program is contingent upon submission of a satisfactory background check from any county sheriff's department in the state of Utah and negative drug screen. The results from the background check must be returned with the PN Program application in the original, unopened envelope from the county sheriff's department with the performing officer's signature across the seal. Applicants that have a record of criminal actions need to understand this may affect your eligibility for admission to the Tooele Tech PN Program.
- According to the Utah Nurse Practice Act (58-31b-302-9(a)(b)), "If a person has been convicted of a violent felony, as defined in Subsection 76-3-203.5(1)(c) or entered a plea of guilty or nolo contendere the division may not issue a license to the person. If a person has been convicted, entered a plea of guilty or nolo contendere with a felony other than a violent felony, the person may not file an application for licensure under this chapter any sooner than five years after having completed the conditions of the sentence or plea agreement." **Therefore, applicants/students who have committed felonies and have not met the above state criteria will not be allowed to enter/progress into the Tooele Technical College's Practical Nursing Program.**
- Applicants conditionally admitted into the PN Program are required to inform the Director of Nursing of any criminal charges pending against them. Falsified or withheld information regarding pending criminal charges is cause for removal from the PN Program at the College or not allowing a student to enter the program.
- Applicants conditionally admitted into the PN Program that have been treated for mental illness or substance abuse should discuss eligibility status with the Utah State Board of Nursing. Acceptance to the Tooele Tech Practical Nursing Program does not assure eligibility to sit for the PN or RN licensing examination. The Utah Board of Nursing makes final decisions on the issue of licensure.

Background Checks

The cost of background checks is \$10.00. A valid government-issued photo ID must be provided. Complete the application, list all previous names including married and maiden names. Background checks can be completed at the Tooele County Sheriff's Department, Tooele County Detention Center, 1960 South Main, Tooele or at the Stansbury Park Substation, 200 Millpond, Stansbury Park. The hours are Monday and Friday from 9:00 a.m. to 4:00 p.m. The Stansbury Substation is closed daily from 1:00-2:00 p.m. for lunch.

DRUG SCREENING INFORMATION

The cost of the 10-panel drug screen is \$37.00. If a Medical Review is required there is an additional cost of \$27.00. Drug screens are available at Mountain West Worx, 196 E 2000 N Suite 110, Tooele. The center's hours are Monday, Tuesday, Thursday, Friday, from 8:00 a.m. to 5:00 p.m. and Wednesdays 8:00 a.m.-12:00 noon.

By signing here, I agree that I have read and I understand the information on this page.

Signature _____ Date _____

APPLICATION FORM

Full Name: _____
Last First Middle Initial Maiden Name

Home Address: _____
Number & Street City State Zip Code

Mailing Address: _____
If different from above

Telephone: () _____ () _____ () _____
Home Cell Work

Email Address: _____

Person to be notified in case of emergency: _____

Relationship: _____ Telephone: _____

Address: _____

Educational Information: (use additional sheets if necessary)

Name of School (High School & all Colleges)	City and State	Date of Entrance	Date of Leaving	Diploma/degree Yes/No

Health Care and Military Training (Healthcare certification(s) must be current)

- Certified Nursing Assistant (CNA) ☐ Yes ☐ No Date of Expiration _____
- Medical Assistant (MA) ☐ Yes ☐ No Date of Expiration _____
- Other (Please Specify) ☐ Yes ☐ No Type of Cert _____

If “Yes”, please include a copy of current certification with your application.

Have you served in the military ☐ Yes ☐ No

HEALTH CARE WORK OR HEALTH CARE VOLUNTEER EXPERIENCE

List the most recent work or volunteer experience first. If none, write 'none'. Attach additional sheets if necessary.

Company _____ **Phone** _____

Address _____

Position _____ **Supervisor** _____

Job Description _____

Total Months and/or years employed or volunteered: _____ **From-To (dates):** _____

_____ **Years** _____ **Months** ☐ **Full-Time (32 + hrs/wk)** ☐ **Part-time (2-31 hrs/wk)**

Company _____ **Phone** _____

Address _____

Position _____ **Supervisor** _____

Job Description _____

Total Months and/or years employed or volunteered: _____ **From-To (dates):** _____

_____ **Years** _____ **Months** ☐ **Full-Time (32 + hrs/wk)** ☐ **Part-time (2-31 hrs/wk)**

Company _____ **Phone** _____

Address _____

Position _____ **Supervisor** _____

Job Description _____

Total Months and/or years employed or volunteered: _____ **From-To (dates):** _____

_____ **Years** _____ **Months** ☐ **Full-Time (32 + hrs/wk)** ☐ **Part-time (2-31 hrs/wk)**

Company _____ **Phone** _____

Address _____

Position _____ **Supervisor** _____

Job Description _____

Total Months and/or years employed or volunteered: _____ **From-To (dates):** _____

_____ **Years** _____ **Months** ☐ **Full-Time (32 + hrs/wk)** ☐ **Part-time (2-31 hrs/wk)**

SATISFACTORY PROGRESS AND ATTENDANCE INFORMATION

Please place an "x" in each box next to the following statements to signify you understand the satisfactory progress and attendance information on this page and agree to commit to prescribed hours and course of study

- ☐ Students enrolled in the Practical Nursing Program are required to pass off competencies at 80% or higher in each academic coursework category of exams, quizzes and assignments in all courses and labs.
- ☐ Absences are limited to two per term.
- ☐ Students must be able to attend class and clinical sites which may include evening and weekend hours.
- ☐ Additionally, students must be able to have the time to study outside of class time.

To progress satisfactorily through the Practical Nursing Program students must adhere to these program requirements. Failure to meet these standards will result in removal from the PN Program.

By signing here, I agree that I have read and I understand the information on this page.

Signature_____Date_____

PRIOR OR PENDING CRIMINAL OFFENSE INFORMATION

Do you have a prior or pending criminal offense? Yes _____ No _____

(If yes, please attach information regarding the offense to this page prior to submitting an application.)

Please Note:

In order to be licensed as a practical nurse in the state of Utah, you must be in conformity with the Utah Nurse Practice Act. If you have been convicted of a felony, treated for mental illness or substance abuse, you should discuss your eligibility with the Utah State Board of Nursing. Acceptance and completion of the Tooele Tech PN Program does not assure eligibility to sit for the practical nursing licensure exam. The Utah State Board of Nursing makes the final decision as to whether a license will be issued to practice nursing in Utah.

If you have any questions regarding this information about prior or pending criminal offenses please contact the Utah State Board of Nursing, 160 East 300 South, 4th floor, Salt Lake City, UT 84111 Telephone number (801) 530-6628.

APPLICATION STATEMENT

I do hereby certify the statements in this application are true and complete to the best of my knowledge. I understand that falsifying information on this application may be grounds for dismissal.

Signature _____ Date _____



**TOOELE TECHNICAL
COLLEGE**

PROFESSIONAL REFERENCE INFORMATION

NOTE: References may be from former or current supervisors, teachers, or employers, co-workers or religious leaders. Please do not seek references from friends or relatives. Applications that include less than three references will disqualify the applicant from admittance to the PN Program during that application year. Turn in the completed reference information sheet(s) and the sealed Professional Reference Evaluation forms with your application.

1. Name: _____

Address: _____

Phone number: _____

Professional Association with reference: _____

2. Name: _____

Address: _____

Phone number: _____

Professional Association with reference: _____

3. Name: _____

Address: _____

Phone number: _____

Professional Association with reference: _____



PROFESSIONAL REFERENCE EVALUATION (1 of 3 pages)

Instructions to the applicant: This section is to be filled out by the applicant to the Tooele Technical College's Practical Nursing Program prior to providing this to the person completing the evaluation.

Printed name of applicant requesting reference: _____

Signature _____ Date _____

Instructions to the evaluator: Please complete the remainder of this document.

NOTE: This form will become part of the applicant's Practical Nursing Program Student File at the Tooele Technical College. Students have the right to review their Student File, upon request, as guaranteed by the Family Educational Rights and Privacy Act (FERPA) of 1974 and its amendments.

The applicant, listed above, respectfully requests that you complete this reference evaluation as part of their application process into the College's Practical Nursing Program. Program faculty and staff are interested in your candid appraisal of the applicant's abilities and thank you in advance for completing this reference evaluation in a timely manner.

Evaluator's printed name: _____

Signature: _____ Date: _____

Title: _____ Institution: _____

Length of time you have known this applicant: _____

Capacity in which you have known applicant: (please circle one)

Supervisor Teacher Employer RN Other: (Explain) _____

PERSONAL REFERENCE EVALUATION (2 of 3 pages)

Please circle your evaluation choice on the numerical rating scale of each of the following as it relates to the applicant's potential for nursing. *Comments in each area are helpful.*

1. Problem Solving

Comments

1	2	3	4	5
Poor		Average		Excellent

2. Caring Attitude

Comments

1	2	3	4	5
Negative		Average		Positive

3. Stress/Anxiety Response

Comments

1	2	3	4	5
Poor		Average		Excellent, calm & effective

4. Motivation

Comments

1	2	3	4	5
Poor		Average		Excellent

5. Accountability

Comments

1	2	3	4	5
Poor		Average		Excellent

6. Communication Skills

Comments

1	2	3	4	5
Poor		Average		Excellent

7. Integrity

Comments

1	2	3	4	5
Poor		Average		Excellent

8. Interpersonal Relationships

Comments

1	2	3	4	5
Poor		Average		Excellent

9. Appearance/Grooming

Comments

1	2	3	4	5
Poor		Average		Excellent

10. Punctuality/Absenteeism

Comments

1	2	3	4	5
Poor		Average		Excellent

PERSONAL REFERENCE EVALUATION (3 of 3 pages)

Choose one of the following:

- ☐ I strongly support this applicant
- ☐ I support with reservation. Please indicate your concerns in the comments section below.
- ☐ I **do not** support this application. Please indicate your concerns in the comments section below.

Additional Comments:

NOTE: This reference evaluation may be returned in one of the following ways:

1. Seal this three-page evaluation in an envelope, sign the seal, and return to the applicant for inclusion with the complete program application to the Practical Nursing Program at the College.

OR

2. Email this completed reference evaluation to practicalnursing@tooeletech.edu. The subject line of the email should be the name of the applicant for whom you completed this reference.

Thank you for your assistance in this important matter.



PROFESSIONAL REFERENCE EVALUATION (1 of 3 pages)

Instructions to the applicant: This section is to be filled out by the applicant to the Tooele Technical College's Practical Nursing Program prior to providing this to the person completing the evaluation.

Printed name of applicant requesting reference: _____

Signature _____ Date _____

Instructions to the evaluator: Please complete the remainder of this document.

NOTE: This form will become part of the applicant's Practical Nursing Program Student File at the Tooele Technical College. Students have the right to review their Student File, upon request, as guaranteed by the Family Educational Rights and Privacy Act (FERPA) of 1974 and its amendments.

The applicant, listed above, respectfully requests that you complete this reference evaluation as part of their application process into the College's Practical Nursing Program. Program faculty and staff are interested in your candid appraisal of the applicant's abilities and thank you in advance for completing this reference evaluation in a timely manner.

Evaluator's printed name: _____

Signature: _____ Date: _____

Title: _____ Institution: _____

Length of time you have known this applicant: _____

Capacity in which you have known applicant: (please circle one)

Supervisor Teacher Employer RN Other: (Explain) _____

PERSONAL REFERENCE EVALUATION (2 of 3 pages)

Please circle your evaluation choice on the numerical rating scale of each of the following as it relates to the applicant's potential for nursing. *Comments in each area are helpful.*

11. Problem Solving

Comments

1	2	3	4	5
Poor		Average		Excellent

12. Caring Attitude

Comments

1	2	3	4	5
Negative		Average		Positive

13. Stress/Anxiety Response

Comments

1	2	3	4	5
Poor		Average		Excellent, calm & effective

14. Motivation

Comments

1	2	3	4	5
Poor		Average		Excellent

15. Accountability

Comments

1	2	3	4	5
Poor		Average		Excellent

16. Communication Skills

Comments

1	2	3	4	5
Poor		Average		Excellent

17. Integrity

Comments

1	2	3	4	5
Poor		Average		Excellent

18. Interpersonal Relationships

Comments

1	2	3	4	5
Poor		Average		Excellent

19. Appearance/Grooming

Comments

1	2	3	4	5
Poor		Average		Excellent

20. Punctuality/Absenteeism

Comments

1	2	3	4	5
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PERSONAL REFERENCE EVALUATION (3 of 3 pages)

Choose one of the following:

- ☐ I strongly support this applicant
- ☐ I support with reservation. Please indicate your concerns in the comments section below.
- ☐ I **do not** support this application. Please indicate your concerns in the comments section below.

Additional Comments:

NOTE: This reference evaluation may be returned in one of the following ways:

1. Seal this three-page evaluation in an envelope, sign the seal, and return to the applicant for inclusion with the complete program application to the Practical Nursing Program at the College.

OR

2. Email this completed reference evaluation to practicalnursing@tooeletech.edu. The subject line of the email should be the name of the applicant for whom you completed this reference.

Thank you for your assistance in this important matter.



PROFESSIONAL REFERENCE EVALUATION (1 of 3 pages)

Instructions to the applicant: This section is to be filled out by the applicant to the Tooele Technical College's Practical Nursing Program prior to providing this to the person completing the evaluation.

Printed name of applicant requesting reference: _____

Signature _____ Date _____

Instructions to the evaluator: Please complete the remainder of this document.

NOTE: *This form will become part of the applicant's Practical Nursing Program Student File at the Tooele Technical College. Students have the right to review their Student File, upon request, as guaranteed by the Family Educational Rights and Privacy Act (FERPA) of 1974 and its amendments.*

The applicant, listed above, respectfully requests that you complete this reference evaluation as part of their application process into the College's Practical Nursing Program. Program faculty and staff are interested in your candid appraisal of the applicant's abilities and thank you in advance for completing this reference evaluation in a timely manner.

Evaluator's printed name: _____

Signature: _____ Date: _____

Title: _____ Institution: _____

Length of time you have known this applicant: _____

Capacity in which you have known applicant: (please circle one)

Supervisor Teacher Employer RN Other: (Explain) _____

PERSONAL REFERENCE EVALUATION (2 of 3 pages)

Please circle your evaluation choice on the numerical rating scale of each of the following as it relates to the applicant's potential for nursing. *Comments in each area are helpful.*

21. Problem Solving

Comments

1	2	3	4	5
Poor		Average		Excellent

22. Caring Attitude

Comments

1	2	3	4	5
Negative		Average		Positive

23. Stress/Anxiety Response

Comments

1	2	3	4	5
Poor		Average		Excellent, calm & effective

24. Motivation

Comments

1	2	3	4	5
Poor		Average		Excellent

25. Accountability

Comments

1	2	3	4	5
Poor		Average		Excellent

26. Communication Skills

Comments

1	2	3	4	5
Poor		Average		Excellent

27. Integrity

Comments

1	2	3	4	5
Poor		Average		Excellent

28. Interpersonal Relationships

Comments

1	2	3	4	5
Poor		Average		Excellent

29. Appearance/Grooming

Comments

1	2	3	4	5
Poor		Average		Excellent

30. Punctuality/Absenteeism

Comments

1	2	3	4	5
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PERSONAL REFERENCE EVALUATION (3 of 3 pages)

Choose one of the following:

- ☐ I strongly support this applicant
- ☐ I support with reservation. Please indicate your concerns in the comments section below.
- ☐ I **do not** support this application. Please indicate your concerns in the comments section below.

Additional Comments:

NOTE: This reference evaluation may be returned in one of the following ways:

1. Seal this three-page evaluation in an envelope, sign the seal, and return to the applicant for inclusion with the complete program application to the Practical Nursing Program at the College.

OR

2. Email this completed reference evaluation to practicalnursing@tooeletech.edu. The subject line of the email should be the name of the applicant for whom you completed this reference.

Thank you for your assistance in this important matter.