

**To be completed by a nurse leader in the applicant's direct supervisory chain.**

*Please place this completed form in an envelope, seal it with tape, sign the envelope over the tape and return to the applicant.*

**Name of applicant:** \_\_\_\_\_

**Instructions:** Please circle the best response and comment as appropriate. Please compare the applicant to other ADN and/or Diploma prepared Registered Nurses.

As compared to other ADN/Diploma prepared RN's, how likely do you believe it is that the applicant will be successful in a rigorous RN-BSN degree completion program?	Very Likely	Likely	Neutral	Not likely	Very much not likely
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Please comment:

As compared to other ADN/Diploma prepared RN's, rate the applicant's leadership skills and/or leadership potential.	Excellent	Good	Neutral	Poor	Very Poor
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Please Comment:

Please rate the applicant's commitment to Providence's core values, mission, and ethics.	Excellent	Good	Neutral	Poor	Very Poor
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Please Comment:

Please share anything that you believe would benefit the application committee's work in evaluating this candidate:

May we contact you for further information?  Yes  No

Contact phone: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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*Thank you very much for your time and thoughtful completion of this form.  
All responses are confidential*