

OUR LADY OF THE LAKE COLLEGE

5414 Brittany Drive
Baton Rouge, Louisiana 70808 (225) 768-1700

**Reference Form for the Master of Nursing – Family Nurse Practitioner
(MSN-FNP)**

Applicant Instructions:

Three references are required to complete your application to Our Lady of the Lake College's Master of Nursing – Family Nurse Practitioner (MSN-FNP) Program. Our Lady of the Lake College will accept only three references for each applicant. We recommend you consider requesting references from individuals who know you well and can comment on your suitability and preparation for a healthcare career and your academic preparation. Such individuals might include healthcare providers, academicians, and current immediate supervisor.

Please complete the following information and furnish a copy of this form to each of your designated references. Provide a stamped envelope to each reference addressed to

**Our Lady of the Lake College
5414 Brittany Drive
Baton Rouge, Louisiana 70808**

Applicant (print or type): _____
(Name) (SSN)

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:

- I waive my right of access to this reference form.
- I do not waive my right of access to this reference form.

Applicant's Signature: _____ Date: _____

Evaluator Instructions:

Please complete the following information along with Parts I and II of this reference form and return directly to Our Lady of the Lake College in the stamped – envelope provided by the applicant.

Name: _____ Occupation: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
Day time phone

Email: _____

How long have you known the applicant? _____ Years _____ months

In what capacity did you know the applicant? Were you the applicant's?

- Employer
- Supervisor (Current Immediate)
- Co- Worker
- Other _____

Reference Form

Applicant (print or type): _____
Name SSN

PART I: Please indicate your evaluation of the applicant in comparison to others you have known in the same capacity.

	Superior 5	Above Average 4	Average 3	Below Average 2	Inferior 1	Not observed
Intellectual Ability						
Communication Skills						
Emotional Maturity						
Adaptability / Flexibility						
Dependability/ Responsibility						
Conflict Resolution						
Interaction with others						
Awareness of Limitations						
Reactions to criticism						
OVERALL EVALUATION						

Signature: _____ Date: _____

Part II:

The Master of Nursing – Family Nurse Practitioner (MSN-FNP) program seeks individuals who have the potential for success in a rigorous educational program and possess the personal attributes required to become a competent and compassionate health care professional.

Thank you for your evaluation of the applicant.

Please comment on the applicant’s motivation and suitability for a role as a health care provider.

Please comment on the applicant’s integrity, commitment, and cultural sensitivity.

Please describe the applicant’s ability to handle stress and challenges.

Additional Comments:

Summary Evaluation

- Recommended without Reservation
 Recommended
 Recommended with Reservation
 Do not recommend