



NORTH MISSISSIPPI MEDICAL CENTER

Nurse Extern Reference Form

(Please return to Amanda Braddock, NMMC Nursing Leadership, by March 2, 2012)

Name of Student _____ School _____ Date of Graduation _____

The student listed above has applied for a position with North Mississippi Medical Center. The student has given permission for North Mississippi Health Services Inc. to request faculty references. We would like you to evaluate this student nurse on the form below. The student has signed a release to allow you to share the information.

Thank you for your time and consideration.

Sincerely,

Donna Pritchard, RN, MSN, FNP-BC
Chief Nursing Executive & Service Line Administrator

.....
In relationship to this student's peers, he/she:

Exceeds Meets Needs Unable to
Expectations Expectations Improvement Evaluate

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Demonstrated punctuality and attendance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Demonstrated problem solving/critical thinking skills. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Exhibited enthusiasm and eagerness to learn. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Demonstrated good team building skills and willingness to cooperate with others. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Demonstrated ability to follow directions i.e, clinical preparation, completed patient assignments, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Performed clinical skills safely, with dexterity and in a timely manner. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Demonstrated caring behavior – sensitivity with patients, staff and other students. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Utilized therapeutic communication skills. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Demonstrated academic ability consistent with standards of the nursing program. |

Accomplishments/strengths: _____

Opportunities for improvements: _____

Faculty Signature (optional)

I agree in consideration for the opportunity to be considered for employment, and as a condition of employment and/or continued employment, to authorize any medical facilities, companies, schools, law enforcement authorities, or other persons to give to NMHS any information regarding my employment, habits, ability or any characteristics whatsoever, together with any information they may have regarding me. I hereby release all physicians, examiners, companies, schools or persons from all liability for any damage whatsoever for such testings, examining or issuing this information.

Please sign _____ Date _____
(Student)