UVA New Graduate RN/Clinician I Programs Letter of Recommendation

Please print your name on the line marked “Name of Applicant” and deliver to the person who will write this recommendation.

Federal Regulations
In accordance with federal law, the law of the Commonwealth of Virginia, and the policies of the Rector and Visitors of the University of Virginia, the University does not discriminate in any of its programs, procedures or practices against any person on the basis of age, color, disability, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, or veteran status. The University operates equal opportunity and affirmative action programs for faculty, staff and students including discriminatory harassment policies and procedures. EOE/AA M/F/D/V

Part I | To be completed by applicant

Name of Applicant (Print):

____________________________________________________________________________

Complete A or B below:

A. I authorize the release of a candid evaluation to assist in the selection process. Should I agree, I understand that the material will be kept confidential both from me and the public. I waive my rights or access that I might have by law. I further understand that the University of Virginia Health System does not require me to execute this waiver and is willing to review my application without such a waiver.

Date____________ Signature____________________________________________

B. I authorize the release of a candid evaluation but I choose not to waive my right to examine this letter of recommendation should I accept a position at the University of Virginia Health System.

Date____________ Signature____________________________________________

Part II | To be completed by reference

The person identified in Part I has applied for a new graduate program at the University of Virginia Health System. Your candid and detailed assessment of the applicant will assist the Interview Panel in its decision. Please describe the extent of your acquaintance with the applicant and his/her aptitude for success in one of the programs. NO ACTION CAN BE TAKEN ON THIS APPLICATION UNTIL THIS FORM IS RETURNED.

1. How long and in what capacity have you known the candidate?

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2. What do you consider to be the applicant’s outstanding talents or strengths? (Please give specific examples).
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3. What do you consider to be the applicant’s major liabilities or weaknesses?
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4. Please describe any situation or incidents that illustrate the applicant’s integrity, maturity, purposefulness, initiative, motivation, or other qualities related to academic, leadership and professional ability.
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5. How well do you think the applicant has thought out his/her plans for their nursing career?
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6. In your opinion, is the applicant's record an accurate reflection of their ability to practice as a nurse?
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7. Please rate this applicant in the following areas:

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<th>Areas of Assessment</th>
<th>Outstanding</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>No Basis for Judgment</th>
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<td><strong>Academic/Professional</strong></td>
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<td>Ability to work under stress</td>
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<td>Creativity</td>
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<td>Risk Taking</td>
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<td>Consistency</td>
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<td>Ability to Organize</td>
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<td>Commitment to profession</td>
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<td>Emotional Stability</td>
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<td>Integrity</td>
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<td>Motivation</td>
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<td>Ability to work well with: staff, team members, interdisciplinary.</td>
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<td>Ability to work well with: clients/family members</td>
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<th>Recommendation for Hire</th>
<th>Strongly Recommend</th>
<th>Recommend</th>
<th>Recommend with Reservations</th>
<th>Not Recommended</th>
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UVA Health System
8. Are there other data that you believe we should know about the applicant?

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Date __________________ Signature _________________________________
Name Printed or Typed ____________________________________________
Degree Credentials _______________________________________________
Institution _______________________________________________________
Title ___________________________________________________________
Address _________________________________________________________
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____________________________________________________________________
Phone #________________________ Email Address ______________________

Please fax completed form to 1.888.389.4126.