Nurse Reference Check Form

Candidate Information

| Candidate Name | |
|---|------------|
| | |
| Position Applied For | |
| | |
| Reference Name | |
| Neierice name | |
| | |
| Reference Position/Title | |
| | |
| Reference Facility/Organization | |
| | |
| Reference Phone/Email | |
| | |
| Relationship to Candidate | |
| | |
| Dates Werked Together | |
| Dates Worked Together | |
| | |
| | |
| A | |
| Assessment | |
| How long have you known or worked with the candidate? | |
| | |
| What was the candidate's primary role or duties? | |
| | |
| | |
| Reliability and Punctuality | |
| | • |
| Clinical Competence | -1 |
| | ▼] |
| Communication Skills | _1 |
| | • |
| Ability to Work in a Team | • 1 |

| Strengths Observed |
|--|
| |
| |
| Areas for Improvement |
| |
| |
| Vould you recommend this nurse for employment? |
| |
| Additional Comments |
| |
| |
| |
| |
| Completed By |
| |
| Name |
| |
| Date |
| |
| |