



School of Nursing and Health Studies  
**NNP Reference Form**

Location address:  
 University of Missouri-Kansas City  
 School of Nursing & Health Studies-MSN Program  
 2464 Charlotte Street  
 Kansas City, MO 64108  
 Fax: 816-235-6593

**To the applicant:**

Please complete and sign before providing this **confidential reference form** to your reviewer who must be the neonatal medical or NNP director at the NICU where you work. Please supply the reviewer w/ a stamped envelope pre-addressed to the UMKC School of Nursing & Health Studies to the address above.

Applicant's Name (typed or printed) \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**To the reviewer:**

The student listed above is applying for admission to the UMKC School of Nursing & Health Studies master's program with a specialty as an NNP. Applicants to this program are required to submit one reference form. You are asked to make a frank appraisal of the applicant. Your responses will be held in confidence. **Return your completed reference form in the envelope supplied by the applicant, sealed and signed by you over the seal and mail it directly to the UMKC School of Nursing & Health Studies.** Thank you for your time in completing this form.

**PLEASE COMPLETE THE FOLLOWING:**

Based on your experience and relative to persons of similar background, how would you rate the applicant's following characteristics? Place an "X" under the column which best describes the applicant. If you cannot assess a particular characteristic, mark "no basis for judgment" as it will not count in the admissions committee's assessment of the applicant.

Characteristics	Upper 10 percent	Upper 25 percent	Upper 50 percent	Lower 50 percent	No basis for judgment
Accountable					
Assertiveness					
Commitment					
Communication - oral					
Communication - written					
Cooperativeness					
Dependability					
Enthusiasm					
Ethical					
Integrity					
Leadership					
Maturity and Emotional Stability					
Motivation					
Open to Constructive Feedback					
Organizational Skills					

Perception of Nursing					
Characteristics	Upper 10 percent	Upper 25 percent	Upper 50 percent	Lower 50 percent	No basis for judgment
Quality of Work					
Resourcefulness					
Responsibility					
Self-Confidence					
Time Management Skills					
Well-rounded Interests					

I have known the applicant for approximately \_\_\_\_/\_\_\_\_(years/months).

Do you foresee that you would be willing and able to provide a site for clinical experiences and supervision as preceptor for the applicant?  Yes  No

If NO, please elaborate: \_\_\_\_\_

COMMENTS: Provide examples whenever possible to support your assessment. You may provide a separate sheet, in addition to this form, in order to provide additional detail in addressing the following questions or any other attributes and abilities that warrant mention.

1.If you selected “Upper 10 percent” or “Lower 50 percent” for any of the characteristics, please provide justification for your ratings.

\_\_\_\_\_

2.Does the applicant possess any special attributes that should be noted?

\_\_\_\_\_

3.Does the applicant demonstrate any limitations you feel would hinder his/her ability to perform effectively in a professional program?

\_\_\_\_\_

Overall recommendation of the applicant based on your ratings and comments:

- I highly recommend this applicant.
- I recommend this applicant.
- I recommend this applicant, but with some reservation.
- I am not able to recommend this applicant.

\_\_\_\_\_

Name

Title and Business Affiliation

\_\_\_\_\_

Hospital Name and Street Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Daytime Phone Number

E-mail

\_\_\_\_\_

Signature of Reviewer

Date