



INSTRUCTOR REFERENCE

STUDENT

Date: _____ School Attended: _____

Applicant: _____ SS#: _____
 Last First MI

I authorize my clinical instructor to release to Rex Healthcare any information concerning my clinical performance and release the clinical instructor from any liability whatsoever for issuing the requested information.

Signature: _____ Date: _____

CLINICAL INSTRUCTOR

Dear Clinical Instructor:

_____ has applied for a position as _____ with Rex Healthcare.
 She/he has asked to be considered for the following areas:

We would appreciate your input in our evaluation of this applicant. Please complete and return to Rex Human Resources as soon as possible. Thank you for your assistance.



Please check the column which most clearly characterizes your appraisal of this applicant as a student in the clinical environment.

CATEGORY	Excellent	Commendable	Average	Weak
Attendance/ Punctuality				
Character				
Clinical Knowledge				
Critical Thinking				
Interpersonal Skills				
Maturity				
Motivation				
Personal Appearance				
Professionalism				

Additional Comments:

Were you a Clinical Instructor? _____ Classroom Instructor? _____ Both? _____

Signature: _____ Title: _____

School: _____ Date: _____

Please return to: Rex Healthcare, Human Resources, 4420 Lake Boone Trail, Raleigh, NC 27607