

**CALIFORNIA STATE UNIVERSITY, FRESNO
SCHOOL NURSE SERVICES CREDENTIAL PROGRAM APPLICATION FOR PHASE 2
COHORT ADMISSION**

APPLICANT RECOMMENDATION FORM

The candidate named below is applying for admission to the School Nurse Services Credential Program for preparation as a school nurse. Your evaluation of the applicant will assist us in the selection process. This form will be placed in the student's open file. Please return the form directly to:

Coordinator, School Nurse Services Credential Program
Central California Center for Excellence in Nursing
1625 East Shaw Avenue #146
Fresno, CA 93710

APPLICANT: _____

Relationship to Applicant: _____

Please Rate Applicant on the following Abilities and Character Qualities:

A rating of 1 is minimal and 5 is outstanding:

	Minimal			Outstanding	
Ethical Behavior	1	2	3	4	5
Interpersonal Relationships	1	2	3	4	5
Written Expression	1	2	3	4	5
Creativity	1	2	3	4	5
Reliability	1	2	3	4	5
Knowledge Base	1	2	3	4	5
Working with Children	1	2	3	4	5
Working Under Stress	1	2	3	4	5
Independence	1	2	3	4	5
Judgment	1	2	3	4	5
Leadership	1	2	3	4	5
Decision-making	1	2	3	4	5
Professional Image	1	2	3	4	5

Additional Comments: _____

Name (please print): _____ Title: _____

Work Place: _____ Email: _____

Signature: _____ Date: _____