

**CHESAPEAKE CAREER CENTER**  
**Practical Nursing Program**  
1617 Cedar Road  
Chesapeake, Virginia 23322

The following person is applying for admission to our practical nursing program and is asking you to provide a professional reference/recommendation.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

**ALL INFORMATION IS KEPT CONFIDENTIAL**

How long have you known the applicant? \_\_\_\_\_

In what relationship have you known him/her? \_\_\_\_\_

What qualities does the applicant have that you believe would contribute to his/her success as a practical nursing student?

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Does the applicant have any characteristics that might interfere with his/her success as a nurse? If so, please explain.

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What do you consider to be the applicant's strongest characteristic?

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What do you consider to be the applicant's weakest characteristic?

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**Please use reverse side to write additional information.**

\_\_\_\_\_  
Signature

**Place this reference form in a sealed envelope and return to the applicant.**

\_\_\_\_\_  
Address

**References must accompany the candidate's application.**

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone number