

Applicant Name: _____

Applicant Phone: _____

Dear Evaluator:

University Health Care has developed a Critical Care Internship Program for Registered Nurses who wish to be trained to the ICU in a Level-1 trauma center. We appreciate your willingness to complete this form for the applicant listed above. This form and any attachments become sole property of University Health Care.

Please email, mail, or fax this document and any attachments directly to:

Dean Healey
Nurse Recruitment
50 North Medical Drive 5A 216
Salt Lake City, UT 84132
E-mail: Dean.Healey@hsc.utah.edu
Phone: 801-581-2320
Fax: 801-587-9204

We are interested in your observations and comments on the strengths and weaknesses of this candidate in the following areas.

Maturity/Emotional Stability:

Intelligence/Learning Ability:

Interpersonal Skills:

Clinical Nursing Skills:

In what capacity and for how long have you known this individual?

Additional Comments:

May we contact you for verification or for additional information? Yes No

Please check/underline/circle one:

- Applicant has my highest recommendation.
- I recommend applicant with confidence.
- I recommend applicant with some reservation.
- I do not recommend applicant.

Your Name and Title:

Relationship to Applicant and Institution:

Telephone and E-mail:

Signature and Date:

If you have any questions, contact Christi Neal, Nurse Recruiter, 801-581-2786.