# ALLEGANY COLLEGE of MARYLAND
NURSING

## Clinical Experience/Professional Letter of Recommendation

This form is to be completed by a professional reference. Once it has been completely filled out the student will upload it into Navigate as part of their Online LPN to RN application.

Name of Applicant: **(please print)**

_____  _____

First                        Middle Initial                        Last                        ACM Student ID#

Name of Facility/Employer: _____

Type of Unit/Floor: _____  Phone Number: _____

Dates of Employment: _____

Please indicate if the applicant named above has demonstrated experience in the following:

| Skill | Demonstrated Experience | No Demonstrated Experience | Comment |
|---|---|---|---|
| P. O. Medication Administration | | | |
| I.V. Medication Administration | | | |
| Documentation of Client Health/Physical Assessment | | | |
| Skills requiring sterile technique | | | |

**B.** Among the nurses at a similar level whom you have known in recent years, how would you rate this potential RN student in the following areas?  **1- Poor;  2- Average;  3- Above average**

| Area of measure | Rating as above | Area of measure | Rating as above |
|---|---|---|---|
| Time Management | | Delegation skills | |
| Organization | | Professionalism | |
| Ability to prioritize | | Motivation | |

**C.** Please indicate if you recommend this employee for admission to the ACM LPN-RN Online Nursing Program.  **_____ Recommend**                        **_____ Do NOT Recommend**

Comments: _____

_____

Name of Recommender (please print): _____  _____

First                        Last                        Title

Signature: _____  Date: _____

Phone: (___) _____  or  E-mail: _____

Re: 7/20;10/19;4/12;04/11;Nov. 2010, 11/7/25