

Clinical Experience/Professional Letter of Recommendation

The contents of this letter are not to be shared with the applicant. Upon completion, please mail or fax this document directly to the address or fax number below. "Thank You" for taking the time to complete this form. Name of Applicant: (please print)

First	Middle Initial	Last		ACM Student II	 D#
Name of Facility/Employer:					
ype of Unit/Floor:		Ph	one Number: _		
ates of Employment:		 			
	ormation is to be filled out by			al manager. A.	. Please
Skill	above has demonstrated exp Demonstrated No De	emonstrated	3 following:	Comment	
		perience	2 3		
P. O. Medication Administration					
I.V. Medication Administration					
Documentation of Client Health/Physical Assessment					
Skills requiring sterile technique					
Among the nurses at a sim student in the following are	l nilar level whom you have kno eas? 1- Poor; 2-		ars, how would Above averag		otential RN
Area of measure	Rating as above	Area of	measure Ratir		as above
Time Management		Delegation sl	kills		
Organization		Professionali	sm		
Ability to prioritize		Motivation			
Program	mmend this employee for adn Recommend			nline Nursing NOT Recomme	end
Name of Recommender (pleas					
Signature:	First	Date:	Last		Title
	or E-mail:				
	llegany College of Maryland n: Nursing Dept. Online Progra	am	lpnrn@alle	gany.edu	

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

Cumberland, MD 21502