



## Reference Form

**To be completed by the APPLICANT**

Please provide a copy of this form to two references to complete:

- An official in the Dean's office or your Program Director, who can address your academic work, clinical skills and professionalism, and interest in serving rural or underserved populations; and
- An individual (not a relative) who is knowledgeable (preferably in a supervisory capacity) about your clinical experiences as a health professions student, particularly in rural or underserved areas of West Virginia.

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Applicant first name                      Middle initial                      Last name

Applicant waiver: I do  I do not  waive my right of access to this recommendation, granted under the provisions of the Family Educational Rights and Privacy Act of 1974.

Signature of Applicant

Date



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Your time and input are appreciated. This recommendation will be used solely for evaluation by the Health Sciences Service Program. The program requires participants to practice for a minimum of two years in a rural or underserved area of West Virginia or teach for at least two years at a school of nursing in West Virginia. You are welcome to attach additional pages if needed.

1. How long have you known the applicant?

a. In what specific capacity?

2. Evaluate the applicant according to the following criteria by checking the appropriate box:

Characteristic	Excellent	Above average	Average	Below average	Unknown
Breadth of knowledge					
Clinical competence					
Professional demeanor					
Interpersonal skills					
Leadership potential					
Communication skills					
Ability to work in a team					
Community service					

Does the applicant possess any special skills or qualities that should be noted? If yes, please describe.

Does the applicant demonstrate any areas that need improvement to enhance his or her ability to practice in a rural or underserved area outreach in a nursing program? If yes, please describe.

How does the student's commitment to rural or underserved practice or nursing education (if applicable) compare with that of other students?

Additional comments:

Recommendation (Check One):

I recommend this applicant.

I recommend this applicant, but with some reservations.

I am not able to recommend this applicant.

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Signature reference

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School/Agency

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Name of Reference

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Title

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Mailing address

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City, State, and Zip code

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Email Address

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Phone number

**Submit this form to Michelle Ruppert at:**

**Fax:** 304-712-9343    **Email:** [HSSP@wvhepc.edu](mailto:HSSP@wvhepc.edu)

**Mail:** HSSP, West Virginia Higher Education Policy Commission 1018 Kanawha Boulevard, East, Suite 700; Charleston, WV 25301