

**SVCC Associate of Applied Science Degree in Nursing Program**

**Letter of Recommendation for Healthcare Experience**

**Applicant and Supervisor/Employer Instructions**

**Applicants:**

Write or type your full name and SVCC Student ID number on the following recommendation form prior to submitting this to your current or recent supervisor for completion.

Two options:

1. Download this form and email it to your supervisor (after entering your name and ID number), with instructions to them to complete and email it directly back to: amanda.shook@southside.edu
2. Print this form and give it to your supervisor (after writing in your name and ID number). Also give them an envelope with a stamp and pre-addressed by you to:

SVCC Nursing Programs

Christanna Campus

109 Campus Drive

Alberta, VA 23821

 *Attn. Sabrina Williams, Nursing Administrative Assistant*

Use whichever option above is easier for you and your supervisor!

**Supervisors/Employers:**

Thank you for your time and feedback! Please complete the recommendation form provided by your employee and return it directly to Southside VA Community College Nursing Programs, either by email or by mail as directed above. **Please return the completed form by April 15, 2024!**

If you have any questions, please contact our ADN Program Coordinator, Melissa Arthur, at melissa.arthur@southside.edu or 434-736-2214.



**SVCC Associate of Applied Science Degree in Nursing Program**

**Letter of Recommendation for Healthcare Experience**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SVCC ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form is to be completed by a current or past supervisor in a healthcare-related field. These may include, but are not limited to, Certified Nursing Assistant (CNA), Licensed Practical Nurse (LPN), Medical Assistant, Pharmacy Technician, Patient Care Assistant (PCA), Care Partner, EMT (paid or volunteer), Respiratory Therapist, etc.

**To be completed by current/previous supervisor:**

Name of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of employment/volunteer work: Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please rate applicant compared with others at similar stages in their careers. | **Strongly Agree (5)** | **Agree****(4)** | **Disagree****(1, 2)** | **Strongly Disagree (0)**  |
| **Motivation/perseverance toward goals** |  |  |  |  |
| **Ability to work independently** |  |  |  |  |
| **Ability to work well with others** |  |  |  |  |
| **Reliability** |  |  |  |  |
| **Professionalism** |  |  |  |  |
| **Communication** |  |  |  |  |
| **Flexibility** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly recommend (5)** | **Recommend (4)** | **Recommend with reservations (1,2)** | **Not recommended (0)** |
| **Recommendation for acceptance** |  |  |  |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**