

The deadline for submission is Wednesday, April 1, 2026, 5 p.m. (CT)

Applicant: Please complete before sending to your reference.

Name of applicant: _____

Describe the relationship you have with the person completing this professional reference form:

Professional reference: Please complete the following and submit this form to nurse.residency@cookchildrens.org

Name of applicant: _____ is applying for a Nurse Residency position. The Nurse Residency is a 12-month clinical education opportunity designed to develop a professional nurse with a broad foundation in Pediatric Nursing and strengthen critical thinking and clinical judgment abilities. The Nurse Resident will be expected to deliver competent and skilled care to patients and families with a team orientation and an emphasis on good customer relations.

My acquaintance with the applicant was as:

- _____ Employer/supervisor/manager/director
- _____ Instructor/professor/preceptor
- _____ School advisor
- _____ Volunteer Coordinator

How long have you known this applicant? _____

With regards to the applicant's professional practice, please place the score for each criterion using the scoring key [outstanding 4, above average 3, average 2, below average 1, unsure 0]

- _____ Communication Skills
- _____ Professional Accountability
- _____ Critical Thinking
- _____ Ability to receive and implement constructive feedback
- _____ Initiative

Please provide an example of a specific time this candidate exemplified one or more of the above-mentioned professional criteria. With regards to the applicant's character, please place the score for how often the applicant exemplifies each criterion using the scoring key [always 4, often 3, sometimes 2, rarely 1, never 0]

- _____ Generosity
- _____ Imagination
- _____ Kindness
- _____ Respect
- _____ Safety
- _____ Collaboration

Please provide an example of a specific time this candidate exemplified one or more of the above-mentioned character criteria.

I would recommend this person for a nurse resident position. _____ Yes _____ No

If not, please state your concerns.

Typed name: _____ Title: _____

Electronic signature _____

Date: _____ Daytime phone number: _____