SCHOOL OF NURSING
UNIVERSITY of WASHINGTON

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SCHOOL OF NURSING
RECOMMENDATION FOR THE
ACCELERATED BACHELOR OF SCIENCE IN NURSING (ABSN) PROGRAM

Please note: This is a 2-page form. Both pages must be submitted with the letter of recommendation.

TO BE COMPLETED BY THE APPLICANT

Please have a person who has supervised you within the past two (2) years in a paid or volunteer position in a healthcare setting complete and sign page 2 of this form. Your recommender should write a letter that specifically addresses the questions on page 2. The letter must be attached to and submitted **with this 2-page cover form.**

1. Complete the section below, as well as the date and hours information on page 2.
2. Sign below if you wish the recommendation to be held in confidence from you by the UW School of Nursing.
3. Do not sign below if you wish to have access to your recommendation if you are admitted and begin the program (it remains confidential until such time).
4. Give both pages of this form to the individual writing your letter of recommendation. This person should write the recommendation for you, attach it to this form, and return all the documents to you in a sealed envelope. You will submit the sealed envelope with the printed copy of your application.

Applicant's Name (Last)	(First)	(Middle)	
Company or Agency			
Company Address (Street)	(City)	(State)	(Zip)
Company Telephone Number	Dates of Participation	Total Hours (through 10/15/2013)	

Public Law 93-380, The Family Education Rights and Privacy Act of 1974, requires the recommendation on behalf of applicants for admission be placed in open files for review by the accepted student after they begin a program, unless the student waives the right to review the recommendation. An applicant signature below indicates that this recommendation will not be available to the student for review at any time and will be treated as confidential by the University of Washington School of Nursing. (Applicants who are denied admission to the School of Nursing or who do not begin the program do not have access to this recommendation at any time.)

It is my understanding that waiving my right to review this recommendation is not required as a condition of admission, receipt of financial aid, or other University service, and is entirely voluntary. Accordingly, I hereby waive any and all rights to inspect and review this recommendation under the Family Rights and Privacy Act of 1974.

Signature of Applicant	Date

TO BE COMPLETED BY THE SUPERVISOR

The applicant indicated on the first page of this form is applying to the Accelerated Bachelor of Science in Nursing (ABSN) program at the University of Washington School of Nursing. They have selected you to write a letter of recommendation for their application. **Once you have prepared your recommendation, please attach it to this form. Respond specifically to each of the questions below.** Put the form and attached recommendation in a sealed envelope and give the sealed envelope to the applicant so they may submit it with their other application materials. Please be aware that applicants are required to submit complete applications and all accompanying materials, including recommendations, **no later than Tuesday, October 15, 2013.**

Printed Name		Date
Title		Relationship to Applicant
May we call you if we need additional information? ❑ Yes ❑ No		Daytime Telephone
Dates of Participation	Total Hours (through 10/15/2013)	Supervisor Signature Verifying Hours/Dates are Correct

Respond specifically to each question below. **We ask that you do this in a separate document so you have adequate space to respond to each question thoroughly.** Please put the name of the applicant at the top of your separate document. In your document, number your responses 1 through 7, which correspond to the 7 questions below. Once you have completed your responses, attach the separate document to this 2-page recommendation form. Put the form and recommendation in a sealed envelope and give that to the applicant to submit with their application. **Applicants are required to submit complete applications and all accompanying materials, including letters of recommendation, no later than 5:00pm on Tuesday, October 15, 2013.**

1. Please describe the setting in which you supervised the applicant. Give details about their responsibilities and relationship to patient care.

2. In your opinion, does the applicant demonstrate maturity and the ability to establish and maintain effective professional relationships?

3. Give an example of how the applicant does or does not demonstrate compassion, empathy, altruism, integrity, honesty, responsibility, and tolerance.

4. Give an example of how the applicant addresses issues of diversity. Are they sensitive to diversity issues? Are they willing to engage in patient care delivery in all settings? Are they able to deliver care to all patient populations? Give examples of each, if possible.

5. Does the applicant, in your opinion, know that their values, attitudes, beliefs, emotions and experiences affect their perceptions and relationships with others? Provide an example.

6. Give an example of how the applicant does or does not demonstrate problem-solving skills. In your opinion, does the applicant have emotional stability to function effectively under stress? If you observed the applicant dealing with conflict or crisis, please describe the situation and how the applicant handled it.

7. Give an example of how the applicant does or does not function as a member of a team in diverse interpersonal, academic, community and/or working environments.