

**Post Graduate Fellowship in Oncology Nursing
 Recommendation Form**

Complete and submit in the **DISCOVER** system.

_____ is/was at _____
 (Name of applicant) (Name of facility)

From _____ to _____ During this time the applicant was _____
 (Date) (Date) (List employment title)

During the time above was the applicant every subject to any disciplinary action, such as admonition, reprimand, suspension or termination? YES NO *If yes, please give details on a separate sheet.*

To your knowledge is the applicant physically and mentally qualified by training and experience to perform her/his duties as an advanced practice nurse? YES NO EXCEPTIONS _____

EVALUATION: This evaluation should be based on demonstrated performance compared to that reasonably expected of a nurse practitioner at her/his level of training, experience and background.

	Poor	Fair	Good	Superior	No Knowledge
Basic medical knowledge					
Professional judgement					
Sense of responsibility					
Ethical conduct					
Competence and skill					
Cooperativeness, ability to work with others					
Record keeping					
Patient management					
Provider-patient relationship					
Ability to understand and speak English					

RECOMMENDATION:

Recommend highly without reservations

Recommend with some reservation (please explain)

Recommend as qualified and competent

Do not recommend (please explain)

RECOMMENDATION IS BASED UPON:

Close personal observation

A composite of evaluations by supervisors?

General impression

Other (please explain)

Signature: _____ Date: _____

Print name: _____ Title: _____