



5116 N. Portland . Suite 100
 Oklahoma City, OK 73112
 405-943-7900 . FAX 405-943-7947

TO: _____

I have an application pending with Associate Medical Professionals. Your professional opinion about me and my work is very important to their decision. I voluntarily request and authorize you to give information, facts, and opinions about my work and about working with me. I voluntarily, knowingly and unconditionally release you from any and all liability resulting from furnishing this information. Thank you for your assistance. **Please give the completed form back to me or fax it to the above number.**

Applicant/Employee Signature _____ Date _____

TO BE COMPLETED BY PEER/CO-WORKER

Where did you work with this applicant? _____

Dates: From _____ to _____

What was your work relationship with this applicant? supervisor co-worker educator
 team member team leader other _____ (check all that apply)

How long have you worked with this applicant? less than 6 mos 1-5 yrs 5 yrs +

Performance Standard	Above Average	Average	Below Average
Nursing Practice -- safe nursing practice, accurate assessments, timely response, safe med administration, patient teaching (cross off any that do not apply)			
Professionalism – appearance, courtesy, confidentiality			
Communication & Relationship – verbal skills, team player, documentation, cooperativeness, follows directions			
Attendance – absences, tardies, cooperative with necessary assignment & schedule changes			
Safety – use of sharps precautions, appropriate protective equipment, universal precautions, good body mechanics			

Comments:

Signature & Title _____ Date _____