

**UNIVERSITY OF WASHINGTON
SCHOOL OF NURSING**

Recommendation for the BSN Program - Please note that this is a 2-page form. Both pages must be submitted with the recommendation.

TO THE APPLICANT:

Please have a person who has supervised you within the past two years in a paid or volunteer position in a health care setting. The attached recommendation should specifically address the questions listed in the instructions on this form. The recommendation must be attached to and submitted with this 2-page form.

1. Fill out the section below.
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 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 them to you in a sealed envelope for you to submit with your application.

Applicant's Name (Last)	(First)	(Middle)
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Company or Agency

Company Address	(Street)	(City)	(State)	(Zip)
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Company Telephone Number	Dates of Participation	Total hours through 12/31/09
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Public Law 93-380, The Family Educational Rights and Privacy Act of 1974, requires that recommendations on behalf of applicants for admission be placed in open files for review by the accepted student after she or he begins 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 THE SUPERVISOR:

The applicant indicated on the first page of this form is applying to the School of Nursing Bachelor of Science in Nursing (BSN) program at the University of Washington and has selected you to write a letter of recommendation for their application. **Once you have prepared your recommendation, please attach it to this form. Please respond specifically to each of the questions below. Put the form and attached recommendation in a sealed envelope, and give them to the applicant to submit with his/her application.** Please be aware that applicants are required to submit complete applications and all accompanying materials, including recommendations, **no later than 5 pm on January 15, 2010.**

Supervisor's signature	Printed Name	Date
Title		Relationship to Applicant
May we call you if we need additional information? <input type="radio"/> Yes <input type="radio"/> No		Daytime Telephone

Please respond specifically to each of the questions below. **We are asking you to do this in a separate document so that you have adequate space to respond to each question thoroughly. Please put the name of the applicant on the top of your separate document. Please number the document 1-7 with your responses to each of the questions below.** Once you have completed your responses to the following questions, please attach the document to this 2-page recommendation form. Put the form and recommendation in a sealed envelope, and give them to the applicant to submit with his/her application. **Applicants are required to submit complete applications and all accompanying materials, including letters of reference, no later than 5pm on January 15, 2010:**

1. Please describe the setting in which you supervised the applicant. Give details about his/her 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. Is s/he sensitive to diversity issues? Is s/he willing to engage in patient care delivery in all settings? Is s/he able to deliver care to all patient populations? Give examples of each, if possible.
5. Does applicant, in your opinion, know that his/ her values, attitudes, beliefs, emotions, and experiences affect his or her 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.