



# Practical Nursing Diploma Program

## Applicant's Reference

Return to:

Health & Natural Science Division, Nursing Program

3710 Paris Road, Building D

Chalmette, Louisiana 70043

Office (504) 278-6380

Please type or print all information in black ink. Reference must written by recent employer. If the applicant is not currently working, a recent past employer is acceptable. **Recommendation must be included with application. Please have individual writing the reference seal the reference in an envelope and sign back of the envelope. If any reference is received without signature, application will not be accepted for consideration.**

**THIS AREA ONLY IS TO BE COMPLETED BY THE APPLICANT:**

Applicant's Name (PLEASE PRINT):

First

Middle Initial

Maiden

Last

**THE INFORMATION REQUESTED BELOW IS TO BE FILLED IN BY THE PERSON RECOMMENDING THE APPLICANT.**

How long have you known the applicant? \_\_\_\_\_

Are you related to the applicant? \_\_\_\_\_

Briefly state your reasons for recommending this applicant to the Practical Nurse Program.

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If you would not recommend this applicant, please place an **X** in the box below.

I do not recommend this applicant.

Comments: \_\_\_\_\_

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Printed Name of Applicant's Reference: \_\_\_\_\_

Signature of Applicant's Reference: \_\_\_\_\_

Daytime (area code) phone number: \_\_\_\_\_

Address: \_\_\_\_\_

(Street/Apartment Number/City/State/Zip Code)

Date: \_\_\_\_\_