



Clinical Experience/Professional Letter of Recommendation

The contents of this letter are not to be shared with the applicant. Upon completion, please mail or fax this document directly to the address or fax number below. **“Thank You”** for taking the time to complete this form. Name of Applicant: **(please print)**

First Middle Initial Last ACM Student ID#

Name of Facility/Employer: _____

Type of Unit/Floor: _____ Phone Number: _____

Dates of Employment: _____

The following information is to be filled out by the applicant’s direct clinical manager. A. Please indicate if the applicant named above has demonstrated experience with the following:

Skill	Demonstrated Experience	No Demonstrated Experience	Comment
P. O. Medication Administration			
I.V. Medication Administration			
Documentation of Client Health/Physical Assessment			
Skills requiring sterile technique			

B. Among the nurses at a similar level whom you have known in recent years, how would you rate this potential RN student in the following areas? **1- Poor; 2- Average; 3- Above average**

Area of measure	Rating as above	Area of measure	Rating as above
Time Management		Delegation skills	
Organization		Professionalism	
Ability to prioritize		Motivation	

C. Please indicate if you recommend this employee for admission to the ACM LPN-RN Online Nursing Program. _____ **Recommend** _____ **Do NOT Recommend**

Comments: _____

Name of Recommender (please print): _____
First Last Title

Signature: _____ Date: _____

Phone: (____) _____ or E-mail: _____

Please mail or email to: Allegany College of Maryland
Attn: Nursing Dept. Online Program
12401 Willowbrook Road, SE
Cumberland, MD 21502

lpnrn@allegany.edu