

Mayo Clinic Hospital
5777 E. Mayo Blvd.
Phoenix, AZ 85054

Dear Nursing School Faculty Member:

I am submitting an application for the Nurse Extern program at Mayo Clinic, a summer program at the Hospital in Phoenix, Arizona.

Please complete the evaluation on the enclosed form and return it by fax (480-342-1044) or mail it to:

Mayo Clinic
Attention: Marianne Ast and Ruth Gorlin
Clinical and Patient Education
Support Services Building (SSB)
5777 E. Mayo Boulevard
Phoenix, AZ 85054

Please send this completed form to Mayo Clinic no later than March 1.

Thank you for your assistance.

Nursing Student Name (please print)

Student Signature

School Name

NURSE EXTERN REFERENCE REQUEST

Student Name _____
(please print)

Based on your experience with the student in the clinical setting, please evaluate the student on the following items and use the scale on the right.

	Very Good (top 10%)	Good (top 25%)	Average	Below Average
WORK SKILLS	1	2	3	4
1. Organization of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Technical skills (Nursing Assistant level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDES TOWARD WORK				
1. Attitude toward learning new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to adjust to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL QUALITIES				
1. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the applicant's major strengths?

What areas need further improvement?

What is your overall evaluation of this student compared with others at the same level in your program?

By: _____ Title: _____
Faculty Signature Required

School: _____