

WVNCC NURSING PROGRAM REFERENCE FORM

NAME OF APPLICANT _____
REFERENCE'S NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE NUMBER (____) _____
WHAT IS YOUR ASSOCIATION WITH THE APPLICANT? _____
HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

The above-named person has applied for admission to the WVNCC Nursing Program. Please complete and return this form to the "WVNCC Admissions Office, 1704 Market Street, Wheeling, WV 26003".
ALL INFORMATION WILL BE HELD CONFIDENTIAL.

*Please score the following categories from 5 to 1, with **5** being "Exceptional" and **1** being "Poor". Any score of **2** or lower **REQUIRES** a comment.

Attendance	5	4	3	2	1	Comment:
Reliability (completes tasks in a timely manner)	5	4	3	2	1	Comment:
Initiative	5	4	3	2	1	Comment:
Quality of Work	5	4	3	2	1	Comment:
Compliance of Rules & Policies	5	4	3	2	1	Comment:
Maturity	5	4	3	2	1	Comment:
Dependability (works as instructed)	5	4	3	2	1	Comment:
Willingness to cooperate & carry out instructions	5	4	3	2	1	Comment:
Ability to learn & meet changes	5	4	3	2	1	Comment:
Trustworthiness	5	4	3	2	1	Comment:
Rate your opinion of the applicant's success in the health care field.	5	4	3	2	1	Comment:

Additional Comments: _____

DATE _____ SIGNATURE/TITLE _____

I hereby authorize the WVNCC Nursing Program to make a thorough investigation of my references and all the facts stated on my application for admission. I release from all liability or responsibility all persons, places of business and municipalities supplying such information.

DATE _____ APPLICANT _____

(Reviewed 10/2025 ~ JK, LB)