

NRH Nurse Extern Applicant Verification & Faculty Recommendation:

Extern Applicant Name: _____

Anticipated Graduation Date: _____

Faculty Member Name: _____

Please complete the following recommendation form for the student listed above. The evaluation is based on a 5-point Likert scale. Please **circle** your response to each category.

- 1. Strongly Disagree**
- 2. Disagree**
- 3. Neutral**
- 4. Agree**
- 5. Strongly Agree**

Student has a deep sense of empathy and compassion for others	1 2 3 4 5
Student is able to adapt quickly to new situations, procedures, and technologies	1 2 3 4 5
Student displays strong critical thinking skills and is able to assess situations, analyze information and make informed judgements	1 2 3 4 5
Student effectively communicates with others	1 2 3 4 5
Student is punctual to all classes and clinical placements	1 2 3 4 5
Student is professional in manner, dress, and grooming	1 2 3 4 5

Do you recommend this student as a Newman Regional Health Nurse Extern? **YES** **NO**

Additional Comments:

I verify that this student has been accepted and is enrolled at _____
for the 2025-2026 school year. *(Name of School)*

Signature and Title of Faculty Member

Faculty members will submit this portion of the application directly back to Newman Regional Health via email to haylward@newmanrh.org