



WOLFORD COLLEGE

RECOMMENDATION FORM

To: _____
 (one recommendation of the three required must be from your immediate supervisor)

From: Wolford College

Re: _____

Please complete this recommendation form, place in sealed envelope and return to applicant or directly to Wolford College, 1336 Creekside Blvd, Suite 2, Naples, FL 34108.

Hospital or Facility Name _____

Number of hospital or facility beds in critical care unit in which you are working _____

Type of Unit _____

	Manages per Week	Manages Independently	Manages with Assistance	No Experience
Arterial Line				
Central Venous Pressure				
Swan Ganz Catheter				
Intra-aortic Balloon Pump				
Vasoactive Drugs				
Ventilators				

Length of time you have known applicant _____ years _____ months

Length of time you have been immediate supervisor _____ years _____ months

Have you ever known applicant to abuse drugs or alcohol? _____

Applicant's Strengths _____

Applicant's Weaknesses _____

Recommendation:

Highly Recommend _____

Recommend _____

Recommend with Reservations _____ Specify _____

Do Not Recommend _____

Additional Comments _____

Name _____

Title _____

Facility _____

Phone _____

Signature

Date

Thank you very much for your cooperation.

Wolford College
Admissions Committee