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 _____________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Manages per Week</th>
<th>Manages Independently</th>
<th>Manages with Assistance</th>
<th>No Experience</th>
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</thead>
<tbody>
<tr>
<td>Arterial Line</td>
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<tr>
<td>Central Venous Pressure</td>
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<td>Swan Ganz Catheter</td>
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<tr>
<td>Intra-aortic Balloon Pump</td>
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<tr>
<td>Vasoactive Drugs</td>
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<tr>
<td>Ventilators</td>
<td></td>
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</tr>
</tbody>
</table>

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