



California State University, Northern California Consortium Doctor of Nursing Practice

Dear Colleague,

You have been listed as a reference by an applicant to the California State University, Northern California Consortium Doctor of Nursing Practice program. Your insight concerning this applicant will be very helpful in the decision-making process.

The reference aspect of the application process has two components. The first is a letter of recommendation. The recommendation should reflect your knowledge about the applicant's advanced nursing practice experience, as well as their potential for scholarship and leadership. Please write the recommendation letter on letterhead stationery. Please address the letter to Dr. Sylvia Miller, DNP Program Director and Associate Professor Fresno State (address below).

The second component is a reference rating form. The applicant should have completed the top portion of the reference rating form. We are requesting that you complete the bottom portion of the reference rating form.

Once both items are complete (letter of recommendation and reference rating form), put them in an envelope, seal it and sign across the sealed flap, and mail. The application and letter of recommendation are time sensitive. Please confirm with the DNP applicant the deadline for having the recommendation letter and reference rating form completed and sent. We appreciate your assistance.

Sincerely,

Dr. Sylvia Miller, EdD, RN, FNP
DNP Program Director and Associate Professor Fresno State
School of Nursing
2345 E. San Ramon Avenue M/S MH25
Fresno, CA 93740-8031
559-278-4788
symiller@csufresno.edu



California State University, Northern California Consortium Doctor of Nursing Practice

REFERENCE RATING FORM

(DNP Applicant to complete top portion)

Applicant Name: _____

Applicants are advised that upon their admission to the School of Nursing, the Family Educational Rights and Privacy Act of 1974 accords them the right to review these recommendations unless that right is waived. While applicants are not required to agree to make such a waiver, they are further advised that some individuals may not be willing to supply a letter of recommendation in its absence. I have requested that this rating form be completed by: _____ (name of person writing the letter of recommendation and completing the reference rating form) for use in the admission process to the DNP program. In accordance with the Family Educational Rights and Privacy Act of 1974 I hereby:

_____ waive access to this report which should be considered confidential.

_____ do not waive access to this report.

Applicant's Name – Print Clearly

Applicant's Signature

Date

(Recommender to complete bottom portion and page 3)

Please complete the rating scale below and attach to your letter of recommendation. Place a circle or an "X" over the appropriate number that represents the applicant's rating. **The rating of a 1 is Low and the rating of a 7 is High.**

Independence and Self-Direction: sets own goals, organizes and prioritizes work, and initiates/sustains activity to achieve goal

1 2 3 4 5 6 7

Responsibility and Accountability: responsible, dependable & accountable for own actions

1 2 3 4 5 6 7



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Oral Communication: demonstrates professional and interpersonal communication skills

1 2 3 4 5 6 7

Critical Thinking: analyzes complex concepts, issues, and problems by identifying critical components and their relationships

1 2 3 4 5 6 7

Creativity: develops new approaches, novel ideas, and imaginative solutions

1 2 3 4 5 6 7

Interpersonal Relationships: works collaboratively and cooperatively with others

1 2 3 4 5 6 7

Leadership: has vision for future; inspires confidence and is respected by others; takes initiative in group work

1 2 3 4 5 6 7

Overall Rating of Applicant: overall rating as compared to other master's applicants in nursing

1 2 3 4 5 6 7

Recommender Signature

Date

Title

Organization

Work Phone