

Dear Colleague,

An applicant to the California State University, Fresno Doctor of Nursing Practice program, has listed you as a reference. 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 and address the letter to Dr. Helda Pinzon-Perez, DNP Program Director and Professor, Fresno State.

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, please place the letter of recommendation and reference rating form in a sealed envelope with your signature across the seal, and mail to the address below. The application and letter of recommendation are time sensitive. Please confirm with the DNP applicant of the deadline for having the recommendation letter and reference rating form completed and sent. We appreciate your assistance.

Sincerely,

Dr. Helda Pinzon-Perez, Ph.D., RN, FNP-BC, MPH, MCHES
DNP Program Director and Professor, California State University, Fresno
Department of Public Health and School of Nursing
2345 E San Ramon Avenue M/S MH30
Fresno, CA 93740-8031

P (559) 278-5329
E hpinzonp@csufresno.edu

www.fresnostate.edu/dnp

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 accord them the right to review these recommendations unless the 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 completed by

_____ name of individual writing the letter of recommendation and reference rating form

for use in the admission process to the DNP program. In accordance with the Family Educational Rights and Privacy Act of 19674 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

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, and accountable for own actions

1 2 3 4 5 6 7

Oral Communication: demonstrates professional and interpersonal communication skills

1 2 3 4 5 6 7

Critical Thinking: analyzes complex concepts, issues, ad 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 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

Title

Organization

Work Phone Number

Date