



Reference Form

Instructions: Please complete this form, sign it and send the original and 2 copies to:

Phyllis Zimmer, MN, FNP
President, NPHF
2647 134th Avenue NE
Bellevue, WA 98005-1813
pzimmer@nwlink.com

Reference forms may be sent separately by the reference or mailed along with the full application. This form may be handwritten if necessary.

Applicant: _____

Name of Reference: _____

Signature: _____ Title: _____

Relationship to the Applicant: _____

Please rate the applicant on each of the characteristics listed below.

- Scale: 1 = not a strength
2 = a growing skill for this applicant
3 = a strong characteristic
4 = a very strong characteristic

Table with 5 columns: Characteristic, 1, 2, 3, 4. Rows include Professional Knowledge, Initiative, Creativity & Innovation, Leadership, Interpersonal Skills, and Teaching Others.

In a brief statement please describe your understanding of the applicant's commitment and abilities in managing the care of gastroenterology patients. (200 words or less).

Large empty rectangular box for writing a statement.

Applicant Name: _____