



**Health Sciences Division  
Surgical Services Programs**

## **Perioperative Nursing**

Thank you for your interest in the Perioperative Nursing Courses at Gulf Coast State College (GCSC). It is composed of two classes: NSP 2290 Perioperative Nursing Theory and NSP 2290L Periop Lab/Clinical, usually offered in the Spring and Summer semesters each year. NUR 2290 Perioperative Nursing Theory is a 3-credit class based on the Association of Perioperative Registered Nurses (AORN) Standards and Recommendations. The course is offered utilizing the web based platform "CANVAS." It can be used as an introduction to the operating room or as a study guide for the perioperative nurse certification exam.

The requirements for the second course, NSP 2290L Clinical Internship to Perioperative Nursing (3 credits), can be met in your local hospital if they agree to affiliate with GCSC and allow you to work with a local Preceptor. Students may travel to Panama City to complete the 200 volunteer hours of training if they are unable to work with a local facility. Prior to beginning the clinical internship segment of the course, one must have successfully completed the 4th Module (Aseptic Technique) of the NSP 2290 Perioperative Nursing Theory course.

NSP 2290 Perioperative Nursing Theory is a stand-alone course, or it may be completed in unison with NSP 2290L Clinical Internship to Perioperative Nursing. These courses are designed to help prepare you for the operating room environment and to help you pass the recognized perioperative nursing certification exam (CNOR).

You are **NOT** required to complete the application if you take the theory class only. You **MUST** complete the application packet to enter NSP 2290L Perioperative Nursing Lab/Clinical Internship class and the operating room environment for clinical experiences.

Please read the attached information packet, or visit our website to learn more about our courses and student responsibilities at <http://www.gulfcoast.edu/current-students/academic-divisions/health-sciences/surgical-technology>. Additional information regarding perioperative nursing, certification, and AORN standards can be obtained at [www.aorn.org](http://www.aorn.org), the official website of perioperative nursing.

If you decide that becoming a perioperative nurse is for you, begin the process of applying for admission by following the attached instructions. If you have any further questions, please feel free to contact me [Lmcnaron@gulfcoast.edu](mailto:Lmcnaron@gulfcoast.edu), 850.873.3551; or call the Academic Program Specialist, Health Sciences, 850.913.3311. We look forward to working with you in the future.

Sincerely,

Libby McNaron, RN, CST/CSFA, CNOR, BSN, MSN

rev.10/2019

## FEE SCHEDULE \*\* PERIOPERATIVE NURSING

	<u>In-State</u>	<u>Out-of-State</u>
<b><u>ENROLLMENT FEES:</u></b>		
GCSC - application fee (new students)	\$ 20.00	\$ 20.00
Drug Screen	\$ 33.00	\$ 33.00
Criminal Background Check at GCSC (if needed)	\$ 85.00	\$ 85.00
 <b><u>TEXTBOOK FEES:</u></b>		
Textbooks (Approximate) (List Provided) Required texts	\$ 300.00	\$ 300.00
 <b><u>TUITION FEES:</u></b> (See current college catalog)		
NSP 2290 (3 credits)	\$ 296.25 (\$98.75 cr.hr.)	\$ 1,079.13 (\$359.71)
cr.hr.) NSP 2290L Lab/Clinical (3 credits)	\$ 296.25	\$ 1,079.13
 <b><u>LAB FEES:</u></b>		
NUR-2290L (includes Student Liability/Accident Ins for Lab)	\$ 86.00	\$ 86.00
 <b>Total Courses Fees (approx.)</b>	 <b>\$ 1,116.50</b>	 <b>\$ 2,682.26</b>

### **Textbooks include:**

Berry and Kohn's Operating Room Technique  
AORN Publication AORN Standards and Recommendations for the current year

### **Other Texts to prepare for examination: (Core Perioperative Knowledge)**

Alexander's Care of the Surgical Patient  
Essential Surgical Skills  
CNOR Study Guide and Practice Resource

**\*\* Fees listed above are currently accurate, but subject to change without notice due to price changes from the other requirements, manufacturer, or provider. Last update 6/2017. Updated cost per credit hour and lab fees are located in the catalog for the current year.**

# Student Checklist Perioperative Nursing

## Apply to the College

- \_\_\_ Step 1. **New students should apply for General Admission to GCSC.** Applications are available online at <https://www.gulfcoast.edu/apply> . Choose the Major Code "NON-Degree Seeking Student".
- **Returning students who have not attended GCSC in the past year must reapply for admission to update your file (no fee).**
- \_\_\_ Step 2. **New students pay the \$20 college application fee online <https://mygcsc.gulfcoast.edu>, in-person at the Business Office or Bookstore, or by calling the Business Office at 850.872.3879 to pay with a credit card.**
- \_\_\_ Step 3. **Transcripts will not be necessary or N/A for “Non-Degree Seeking Student.” If necessary, you can request OFFICIAL transcripts from High School or GED with scores, and all colleges be sent to Enrollment Services at GCSC showing successful completion of a registered nursing program.** Transcript request forms are available on the GCSC website at <https://www.gulfcoast.edu/admissions/transcripts.html>.

## Register for the Online Theory Course

### NSP 2290 Perioperative Nursing Theory

- \_\_\_ Step 4. **Send e-mail to [Lmcnaron@gulfcoast.edu](mailto:Lmcnaron@gulfcoast.edu)** with your student ID number so she can register you for class.
- \_\_\_ Step 5. **Pay for the class online at myGCSC (Lighthouse) at <https://mygcsc.gulfcoast.edu>, in person at the Business Office or Bookstore, or by calling the Business Office 850.872.3879 to pay with a credit card.**
- \_\_\_ Step 6. **Obtain your textbooks.** Berry and Kohn's **Operating Room Technique** (online used or from the GCSC Bookstore), and a recent or current year copy of the AORN Guidelines and Recommendations; online from [www.aorn.org](http://www.aorn.org).
- \_\_\_ Step 7. **For offsite testing, submit a Proctor Approval Form.**

## Apply for the Clinical Course:

### NSP 2290L Perioperative Nursing Internship

- \_\_\_ Step 8. **Submit Perioperative Nursing application forms as required for the NSP 2290L course in person, by mail to GCSC Health Sciences, Attn. Adam Carlini, 5230 West Highway 98, Panama City, Florida 32401, by e-mail to [HealthSciencesGCSC@gulfcoast.edu](mailto:HealthSciencesGCSC@gulfcoast.edu) or by fax at 850.747.3246.** Current GCSC Nursing students planning to take only the NSP 2090 theory course do NOT have to complete this step.

Those planning to take NSP 2290L must **submit the following:**

- \_\_\_ a. Completed and signed Perioperative Nursing Courses application
- \_\_\_ b. Signed Duties Acknowledgement Form.
- \_\_\_ c. If *not* currently enrolled as a nursing student at GCSC who has completed (minimally) your first semester, submit proof of licensure to practice as an RN in the state in which the clinical internship will be experienced. Include a copy of the license or verification copy from the website with VOID printed across it.
- \_\_\_ d. Submit a current identification photograph at least 2" x 2" in size (passport photo will work).
- \_\_\_ e. Give 2 people you know the Personal Reference Forms (enclosed) to complete. **Be sure to print your name and sign the top section giving them permission to fill out the form.** References can be from a pastor, family friend, former teacher, or current / past employers. As stated on the forms, the person completing the form should mail it to GCSC, Attn: Health Sciences –Adam Carlini, 5230 West U.S. Highway 98, Panama City, Florida 32401.
- \_\_\_ f. **Submit copy of current CPR certification card and maintain certification throughout the entire program.** Acceptable card must be from an American Heart Association *BLS Healthcare Provider course*.

\_\_\_\_\_ **Step 9. NSP 2290 and NSP 2290L can be taken concurrently or the lab / clinical following completion of the theory course. Successfully complete the course, or at least the 4th module component of NSP 2290 Perioperative Nursing with a “C” or better prior to beginning the lab segment. Once the lab segment is completed, then you can begin your clinical rotations.**

\_\_\_\_\_ **Step 10. Prior to registration for NUR 2290L:**

\_\_\_\_\_ **Local GCSC residents should contact Libby McNaron to discuss clinical site preferences. Those outside the Bay, Gulf, and Franklin district should contact Libby McNaron to discuss options for clinical and lab component facilities in their area.** Further instructions will be provided to the student regarding affiliation agreement requirements and making preceptor arrangements. Instructor will notify you that you are ready to register and a clinical clearance form will be available in CANVAS for completion of the required documentation. Additional documentation that will be provided for you and required of you at that time includes:

\_\_\_\_\_ Satisfactory Criminal Background Check completed through CastleBranch. (Current GCSC nursing students or those employed by the facility at which they wish to complete their clinical assignments may have alternate documentation completed by the nursing program or facility.)

\_\_\_\_\_ A chain-of-custody 10-panel drug screen, at student's expense, completed through CastleBranch.

\_\_\_\_\_ Documentation of Physical Examination and Immunizations as required by the clinical site and uploaded to CastleBranch.

\_\_\_\_\_ **Note:** If completing your clinical rotation at your employer's site, you may request from the appropriate authority a waiver of the above documents stating that you have been cleared to complete the clinical rotation and no additional background check, drug screen or health status immunization/physical requirements are necessary based on in-house documentation.

\_\_\_\_\_ **Register for class and pay the fees.**

\_\_\_\_\_ **Step 11. Successfully complete all Lab assignments and Lab modules in the on-campus Lab scheduled with course instructor.** It usually takes most students 2-5 days at 4-6 hours per day. The potential lab times will be posted on CANVAS during the 2nd week of class or arranged individually based on number of students and enrollment status. You may be able to complete consecutively or over several weeks.

\_\_\_\_\_ **Step 12. Arrange the clinical site rotation and Preceptor with course instructor.** The clinical component is a minimum 200 hours of Lab and Clinical experience.

## **Disclosures:**

The Higher Education Act (HEA) of 1965 is a federal law which authorizes student aid programs. Reauthorizations of this act prescribe disclosure requirements for institutions wishing to participate in the federal student aid program. As a prospective student or enrolled student of GCSC you have a right to the following consumer and safety information. Paper copies of this information will be provided upon request to the financial aid office.

- General disclosures, including GCSC's report on athletic program participation rates and financial support data, may be found at: <http://www.gulfcoast.edu/tuition-aid/financial-aid/consumer-information.html>
- Information on financial aid is available to students is found at: <http://www.gulfcoast.edu/tuition-aid/financial-aid>
- GCSC's annual security report is found at: <http://www.gulfcoast.edu/campus-life/campus-safety/clery-act.html>
- Family Educational Rights and Privacy Act is found at: <http://www.gulfcoast.edu/admissions/ferpa.html>

Please call (850) 872-3845 or visit the Financial Aid Office in person if you have any questions.

**GULF COAST STATE COLLEGE - HEALTH SCIENCES DIVISION**

Send Color Photograph of Self  
(head and shoulders)  
to be attached here.

**APPLICATION FOR ADMISSION**

**5230 West U.S. Highway 98  
Panama City, FL 32401-1058  
(850) 872-3827 or (850) 913-3311  
(850) 747-3246 - fax**

Date received by office:

Date student contacted:

**PERIOPERATIVE NURSING**

***Answer all questions; please TYPE or PRINT (please submit form as soon as possible.)***

Name: \_\_\_\_\_  
First
Middle
Last
Maiden Name

**Mandatory** GCSC Student ID #: **A0** \_\_\_\_\_ Female  Male

Home Address: \_\_\_\_\_  
Street & Number
City
State
Zip
County

Permanent or Mailing Address (If different from above): \_\_\_\_\_

Preferred e-Mail: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

**EDUCATION**

**OFFICIAL TRANSCRIPT(s) must be received** by the Office of Admissions & Records.  
**ALL schools and colleges** attended **must be listed** for the application to be complete. **Use additional sheets if necessary**

Name of School	Location of School	From Month/Year	To Month/Year	Did you receive Diploma, Degree or Certificate?	What was your Major / Minor?
High School or GED:					
Vocational / Other Technical Courses					
College or University:					
College or University:					

**LICENSES AND CERTIFICATION**

Type	Issued by which State or Agency?	Certification or License Number	Expiration Date

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## CONTACT INFORMATION

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Please provide information about three people who will always know where to locate you:

Name	Mailing Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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## HEALTH RELATED WORK EXPERIENCE and/or VOLUNTEER EXPERIENCE

**Use additional sheets, if necessary.**

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**1. EMPLOYER:** \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_ Extension \_\_\_\_\_  
                    Street and Number                      City                      State

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Nature of your Job Duties: \_\_\_\_\_  
                                    Mo./Yr.                      Mo./Yr.

Reason for Leaving \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**2. EMPLOYER:** \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_ Extension \_\_\_\_\_  
                    Street and Number                      City                      State

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Nature of your Job Duties: \_\_\_\_\_  
                                    Mo./Yr.                      Mo./Yr.

Reason for Leaving \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

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## PLEASE READ AND SIGN THE FOLLOWING

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I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, omission or falsification of information is cause for denial of admission to the program. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from any of the programs in the Health Sciences Division. I further understand that background checks and drug screening are routinely required at most clinical facilities prior to the students' clinical placement.

NOTE: Gulf Coast State College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status. All questions or inquiries regarding compliance with laws relating to non-discrimination and all complaints regarding sexual misconduct or discrimination, may be directed to the Executive Director of Human Resources/Title II/504/Title IX Coordinator and Employment Equity Officer, Gulf Coast State College, 5230 W. US Highway 98, Panama City, FL 32401; 850-872-3866.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**RETURN APPLICATION via Mail TO:**

Gulf Coast State College  
Health Sciences Division - Room 200  
5230 West U.S. Highway 98  
Panama City, Florida 32401-1058

**E-mail copy to begin process:** [Lmcnaron@gulfcoast.edu](mailto:Lmcnaron@gulfcoast.edu)

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

# Perioperative Nursing Courses

## Duties Acknowledgement Form

### Duties and Responsibilities

1. Preoperative:
  - A. Analyze and describe preoperative patient management including performing a preoperative evaluation/assessment in collaboration with other health care providers to establish a plan of care. Describes methods of communicating the patient's plan of care with other health care providers.
  - B. Describe and demonstrate correctly written preoperative orders according to established protocols for the surgical scenarios given.
2. Intraoperative:
  - A. Describe methods of intraoperative surgical assisting including using instruments and medical devices, providing exposure, handling and cutting tissue, providing hemostasis, and suturing.
  - B. Analyze wound healing and wound closure correlating the techniques of surgical assisting which will enhance postoperative healing.
  - C. Correlate anatomy, physiology, and pathophysiology with the sequencing of the procedure to identify specific behaviors and operative technique for the identified procedures.
3. Postoperative:
  - A. Describe the immediate postoperative period including writing postoperative orders and postoperative procedure notes according to established protocols.
  - B. Describe postoperative rounds and identify potential outcomes and complications.
  - C. Describe postoperative discharge planning and identifies appropriate community resources that may be utilized for the identified procedures.

### Special Qualifications

In addition to minimum requirements regarding reading, language, and math skills, the student must, unassisted:

- A. Demonstrate ability to comprehend and interpret written material. Able to make appropriate judgment decisions.
- B. Follow written and oral/verbal instructions in English. Possess short-term and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies and performing anticipation skills during the operation.
- C. Synthesize information from written material and apply the knowledge to various situations.
- D. Demonstrate the use of positive coping skills during patient, staff, and faculty interactions.

### Psychomotor Qualifications

- A. Vision – normal, corrected. Demonstrate sufficient visual ability enough to load a fine (10-0) suture onto needles and needle holders with/without corrective lenses and while wearing safety glasses. Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment.
- B. Hearing – normal, corrected, or aid able. Hear and understand muffled communication without visualization of the communicator's mouth/lips and within 20 feet. Hear activation/warning signals on equipment.
- C. Smell – able to detect odors sufficient to maintain environmental safety and patient needs.
- D. Touch – normal tactile sensitivity. Manipulate instruments, supplies, and equipment with speed, dexterity, and good eye-hand coordination.

### Physical Qualifications

- A. Able to stand, bend, stoop, and/or sit for long periods of time in one location with minimum/no breaks.
- B. Able to lift a minimum of 20-25 pounds. Able to push/pull equipment weighing up to approximately 40 pounds for up to 20% of work time.
- C. Able to refrain from nourishment or restroom breaks for periods up to 6 hours.
- D. Ability to walk or stand up for up to 80% of the work time.
- E. Able to assist with and/or lift, move, position, and manipulate the patient who is unconscious with or without assistive devices.
- F. Successfully complete a CPR certification course. (Acceptable cards are American Heart Association *BLS Provider*)

### Environment

- A. Position involves exposures to blood and body fluids, and all areas of patient care.
- B. Also exposed to cool temperatures, hazardous equipment, fumes/odors and noise.

### Communication Qualifications

- A. The ability to interact and verbally communicate with others. Demonstrate positive interpersonal skills during patient, staff, and faculty interactions.
- B. Demonstrate calm and effective responses, especially in emergency situations.
- C. Knowledge of basic written, grammar, and spelling skills.
- D. Ability to communicate and understand fluent English both verbally and in writing.

I have read the above and feel that it is within my ability to carry out the duties, responsibilities, and qualifications of a Perioperative Nurse.

I do do not (check one) have any problem in meeting the above technical requirements.

I understand that clinical policies regarding physical, TB skin tests, and immunization records must be followed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Sign and attach this form to the application submitted to the Health Sciences Division.

# Student Planning Guide

**Please complete, in full, and submit this form with your application packet.** As an Instructor, I want to be sure that you have been fully informed and understand the career field that you have chosen, so that you can be successful in the completion of this program. If you have any difficulty completing this form, **you can find the answers in the application packet or on one of the internet resources.** For further information, go to either our website or the professional organizations [www.aorn.org](http://www.aorn.org), <http://www.cc-institute.org/> . If you still have questions, e-mail [Lmcnaron@gulfcoast.edu](mailto:Lmcnaron@gulfcoast.edu) , or call Libby McNaron at (850) 873-3551 for assistance.

1. Describe what a Perioperative Nurse is and their scope of practice.
2. Describe what job positions are available to a Perioperative Nurse. What are the opportunities?
3. What are my plans for Clinical?
4. Why do you want to enroll in this program?
5. What are my goals? 2 years from now: \_\_\_\_\_  
10 years from now: \_\_\_\_\_

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6. **BE SURE YOU HAVE THE TIME:** Our goal is to help you plan for all of the things you will need to be successful. For information, go online to the Surgical First Assistant website, or e-mail us for the steps to apply for financial aid. You do need to plan for these resources to be successful with as little stress as possible. Consider, Do I have the Following?

Family support:

Transportation:

Tuition:

Living expenses/ Bill management:

Computer resources for online segments:

Time PER DAY: Management of time, We have filled in the time we know that you need to be successful.

	Low -High
Homework	<u>2</u> - <u>3</u> hours
Class	<u>4</u> - <u>8</u> hours
Sleep	<u>6</u> - <u>8</u> hours
Exercise/Time for Self	<u>1/2</u> - <u>1</u> hours
Family Time	_____ hours
Eating	_____ hours
Bathing	_____ hours
Traveling to and from school	_____ hours
Responsibilities (work/chores/bills)	_____ hours
Total Time:	24 hours

What will be your time challenge?

How will you manage it?





## Perioperative Nursing Courses Verification of Eligibility for Courses

**Applicant must submit proof of eligibility for the Perioperative Nursing Courses by either of the following ways.**

**RN or 2nd semester graduate nurse eligible for NSP-2290, Perioperative Nursing Theory course.**

	Hospital employed at, or clinical assignment facility	Completion of 1st semester Nursing courses or RN	Signature of Nursing Instructor	Completed by college personnel; validation by college personnel (only one is required that meets criteria)
Nursing Student				
RN				
ARNP				

**Submit a copy of your RN license, and attach it to this form.** Write Void and your initials across it.

I verify that I meet the requirements for the course as evidence by meeting one of the criteria. I verify that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**Personal Reference Form - Health Sciences Division - Perioperative Nursing**

**COMPLETED BY STUDENT:** I, (Print Name) \_\_\_\_\_ give permission to \_\_\_\_\_ to fill out this personal reference for me. I appreciate their candor and understand that this form is confidential. However, Under Federal law entitled the "Family Educational Rights and Privacy Act of 1974," students are given the right to inspect their records including recommendation forms. I \_\_\_do \_\_\_do not (CHOOSE ONE) waive my rights to review the content of this form. I do release the person completing this form from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address: Gulf Coast State College, Health Sciences ~ Adam Carlini, 5230 West Highway 98, Panama City, Florida 32401.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Completed by person authorized to complete Reference:**

- How long have you known this applicant and in what capacity? \_\_\_\_\_  
How well do you know the applicant? \_\_\_\_\_ Very Well \_\_\_\_\_ Fairly Well \_\_\_\_\_ Slightly
- In the healthcare field, healthcare personnel have access to confidential information from charts and files and are required to handle drugs and controlled substances. With this in mind, do you place full confidence in the applicant's integrity?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain why: \_\_\_\_\_
- Would you allow this individual to provide healthcare for you or your family if you were ill? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain why: \_\_\_\_\_
- To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field? \_\_\_\_\_
- How do you perceive this person reacting when placed in a stressful situation or working under pressure?  
Circle one: Wise Sensible Irrational Impractical Hysterical Other \_\_\_\_\_
- Please indicate whether or not you recommend this applicant as being suitable to enter the Healthcare program.  
Circle one: RECOMMEND WITH ENTHUSIASM RECOMMEND  
RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND
- Please check or write in the spaces to indicate the traits that best describes the applicant:

	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>No Basis to Judge Applicant</i>
Communication skills, clarity				
Cooperation, team player, gets along w/ others				
Courtesy				
Dependability or Reliability				
Helpful to others, motivated				
Honesty				
Initiative				
Leadership ability				
Maturity, Emotional Stability, Coping, Conflict				
Neatness , Appearance (tidy, clean)				
Organized				
Perseverance, Stamina				
Promptness (responsiveness)				
Quality of Work, Accuracy				
Quantity of Work				
Responsibility				
Seeks Help when needed				
Sound Decision Making				

Signature of Person Completing Reference: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_



**Personal Reference Form - Health Sciences Division - Perioperative Nursing**

**COMPLETED BY STUDENT:** I, (Print Name) \_\_\_\_\_ give permission to \_\_\_\_\_ to fill out this personal reference for me. I appreciate their candor and understand that this form is confidential. However, Under Federal law entitled the "Family Educational Rights and Privacy Act of 1974", students are given the right to inspect their records including recommendation forms. I \_\_\_do \_\_\_do not (CHOOSE ONE) waive my rights to review the content of this form. I do release the person completing this form from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address: Gulf Coast State College, Health Sciences ~ Adam Carlini, 5230 West Highway 98, Panama City, Florida 32401.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Completed by person authorized to complete Reference:**

- How long have you known this applicant and in what capacity? \_\_\_\_\_  
How well do you know the applicant? \_\_\_\_\_ Very Well \_\_\_\_\_ Fairly Well \_\_\_\_\_ Slightly
- In the healthcare field, healthcare personnel have access to confidential information from charts and files and are required to handle drugs and controlled substances. With this in mind, do you place full confidence in the applicant's integrity?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain why: \_\_\_\_\_
- Would you allow this individual to provide healthcare for you or your family if you were ill? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain why: \_\_\_\_\_
- To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field? \_\_\_\_\_
- How do you perceive this person reacting when placed in a stressful situation or working under pressure?  
Circle one: Wise Sensible Irrational Impractical Hysterical Other \_\_\_\_\_
- Please indicate whether or not you recommend this applicant as being suitable to enter the Healthcare program.  
Circle one: RECOMMEND WITH ENTHUSIASM RECOMMEND  
RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND
- Please check or write in the spaces to indicate the traits that best describes the applicant:

	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>No Basis to Judge Applicant</i>
Communication skills, clarity				
Cooperation, team player, gets along w/ others				
Courtesy				
Dependability or Reliability				
Helpful to others, motivated				
Honesty				
Initiative				
Leadership ability				
Maturity, Emotional Stability, Coping, Conflict				
Neatness , Appearance (tidy, clean)				
Organized				
Perseverance, Stamina				
Promptness (responsiveness)				
Quality of Work, Accuracy				
Quantity of Work				
Responsibility				
Seeks Help when needed				
Sound Decision Making				

Signature of Person Completing Reference: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_