

PEN PROGRAM
Professional Excellence in Nursing

PEER EVALUATION

RETURN FORM TO APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE SEAL--This form must be accompanied by a typed letter for full acceptance.

Name of Applicant: _____

I. Please indicate your association with the applicant which serves as a basis for your evaluation of the nurse.

_____ Have know the applicant personally and have observed him/her in a professional roll for at least 12 months in the past 2 years.

_____ Have had limited association with the applicant or am not in a position to express an opinion about the applicant. If so, please return this form to the applicant without completing any other parts of it.

II. Please select either "A" or "B" and provide the written information requested.

A. _____ I recommend this individual for advancement to the role of Clinical Nurse III/IV. In a **typed, concise manner, highlight your reasons for this recommendation** (Performance areas to consider include, but are not limited to, communication skills, interpersonal skills, clinical nursing skills, professional behavior, personal and intellectual integrity). When completing this evaluation consider whether this nurse is one you would want caring for people in your life.

B. _____ I believe that this individual should not be advanced to a Clinical Nurse III/IV. In a concise manner, please explain your reason for this.

Print Name

Signature

Date: _____