



Nursing Clinical Internship

Dear Academic Advisor:

In preparation for my nursing career, I am submitting an application for the Nursing Clinical Internship, a summer work experience at Avera in O'Neill, NE.

As part of that process, an evaluation is needed from my Academic Advisor. Would you please complete the attached evaluation and e-mail or fax it to Avera St. Anthony's Human Resources? It must be returned to Avera St. Anthony's by **5:00 P.M. Sunday, September 30, 2018.**

Please e-mail reference the attached form to:

To: kathryn.benson@avera.org

Subject: NCI Academic Standing

**This must come from the references e-mail address to be considered valid.*

Please fax attached form to: (402) 336-5135

Please mail the attached form to:

Avera St. Anthony's Human Resources

Attn: NCI Academic Standing

321 N. 2nd Street

O'Neill, NE 68763

Thank you for your assistance in the application process.

Name of Nursing Student (please print)



Reference Request for Nursing Clinical Internship:

_____ (Candidate Name)

Location of Internship: _____

You have been listed as a reference by the above applicant for a position at Avera.

Based on your experience with the candidate, please evaluate the following categories:

5-Well Above Average, 4-Slightly Above Average, 3-Average, 2-Slightly Below Average, 1-Well Below Average

Multitasking

Scale

Comments

- 1. Demonstrates the ability to handle multiple tasks at a given time

Work Ethic

- 1. Demonstrates dependability, organization and is willing to work hard
- 2. Attendance/tardiness concerns

Acting with Integrity

- 1. Upholds high standards of ethical conduct
- 2. Is sincere and trustworthy

Getting Along

- 1. Establishes and maintains good relationships with others
- 2. Demonstrates respect, understanding, and empathy towards others

Technical Skills

- 1. Demonstrates technical competency

Good Standing: ___ Yes ___ No
(If no – please explain below.)

Anticipated Graduation Date: _____

Current Cumulative GPA _____

Please share overall evaluation:

Academic Advisor: _____
College or University _____

Date: _____