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**YOU MAY GIVE THIS TO YOUR SUPERVISOR OR SPECIALTY PROFESSIONAL SERVICES TO COMPLETE**

Facility Name: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax Number \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Position: RN  LPN  CNA  PCA/T  STE/ORT   
 Other: (NP / PA/ Rad Tech etc) : \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Clinical Areas of Practice: \_\_\_\_\_  
 No. of beds in Facility \_\_\_\_\_ No. of Beds in Unit \_\_\_\_\_ Charge Exp Yes  No   
 Trauma Facility Yes  No  Reason for Leaving \_\_\_\_\_

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

| Performance and Attributes                             | Excellent | Very Good | Good | Poor |
|--|-----------|-----------|------|------|
| 1. Shows clear understanding of nursing specialty      |           |           |      |      |
| 2. Demonstrates competence in job performance          |           |           |      |      |
| 3. Attendance and punctual                             |           |           |      |      |
| 4. Exhibits good judgment                              |           |           |      |      |
| 5. Communicates appropriately with patients and family |           |           |      |      |
| 6. Flexibility and dependable when scheduling          |           |           |      |      |
| 7. Willingness and ability to float (when applicable)  |           |           |      |      |
| 8. Provides a safe and therapeutic patient environment |           |           |      |      |
| 9. Follows policies and procedures of facility         |           |           |      |      |
| 10. Maintains accurate documentation of patient care   |           |           |      |      |
| 11. Enthusiastic and eager to learn                    |           |           |      |      |
| 12. Overall professionalism                            |           |           |      |      |

Evaluators Signature / Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Eligible for Rehire: Yes  No  Written Reference  Verbal Reference  By (SPS employee) \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_