# printLogo  **REFERENCE**

In order for Millenia Medical Staffing to obtain a reference, please complete the top section. Thank you.

Applicant

Applicant’s Name:      Classification:       Clinical Specialty:

Employment dates: From       To:      Facility Name:

Address City/State:      Position: Staff [ ]  Travel [ ]  Per Diem/Registry [ ]

I, the applicant above, here by authorize the person or company completing this form to release all information regarding my employment to Millenia Medical Staffing. I hereby release and hold harmless any individuals, or company/facilities, which are providing this information to Millenia Medical Staffing, its representatives and agents, from any legal liability/responsibility for any damages that may result from the release/disclosure of this information.

Completed on-line or Via Phone with Applicant [ ]

**To be completed by Facility or Agency**

Please indicate whether the above information is correct: [ ]  YES [ ]  NO Average Patient Case Load:

# beds in the unit:       Charge experience? [ ]  YES [ ]  NO Teaching hospital? [ ]  YES [ ]  NO

Reason for leaving:   Eligible for rehire? [ ]  YES [ ]  NO

 **Above Below**

**Performance Evaluation: Exceptional Standard Standard Standard N/A**

**1.** Demonstrates competency in caring for patients [ ]  [ ]  [ ]  [ ]  [ ]

**2.** Provides a safe & therapeutic patient environment [ ]  [ ]  [ ]  [ ]  [ ]

**3.** Implements a coordinated plan of patient care [ ]  [ ]  [ ]  [ ]  [ ]

**4.** Adheres to facility policies & procedures [ ]  [ ]  [ ]  [ ]  [ ]

**5.** Communicates appropriately with patients & families [ ]  [ ]  [ ]  [ ]  [ ]

**6.** Completes accurate documentation of patient care [ ]  [ ]  [ ]  [ ]  [ ]

**Professional Attributes:**

**7.** Flexibility & adaptability [ ]  [ ]  [ ]  [ ]  [ ]

**8.** Willingness & ability to float (if applicable) [ ]  [ ]  [ ]  [ ]  [ ]

**9.** Interest & enthusiasm [ ]  [ ]  [ ]  [ ]  [ ]

**10.** Ability to communicate with staff [ ]  [ ]  [ ]  [ ]  [ ]

**11.** Attendance & punctuality [ ]  [ ]  [ ]  [ ]  [ ]

**12.** Overall professionalism [ ]  [ ]  [ ]  [ ]  [ ]

**Comments:**

Evaluator / Title: Via Phone with       Phone:      Date:

Reference Taken by:

 Please Return to:

EMAIL: qa@MilleniaMedical.com FAX:1-866-826-8538