# 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