



**NURSING EDUCATION LOAN
PERSONAL REFERENCE**
NORTH DAKOTA BOARD OF NURSING
SFN 14688 (03/16)

Name of Applicant

The applicant named above has submitted an application to the Board of Nursing for an education loan to attend a nursing program and has provided your name as a personal reference. The Board of Nursing would like your opinion as to the applicant's suitability for a nursing career, and need for financial assistance. Your comments will be considered confidential and will only be used to determine loan awards. Your cooperation in completing and returning this form promptly will assist in the evaluation of this applicant. Send your reply to: North Dakota Board of Nursing, 919 S 7th St, Suite 504, Bismarck, ND 58504-5881 (701) 328-9777. If you need more room for your answers, use the back of this form, or attach separate sheets as necessary. Thank you for your cooperation. Complete and return by July 1 deadline.

1. How long have you known the applicant and in what capacity?

2. What do you consider the applicant's professional strengths?

3. Does the applicant have any weaknesses that might limit success in nursing? If so, please specify.

4. Does the applicant like to work with people? Cite experiences to support your answer.

5. Additional Comments

Signature

Title

Date