



CHARLOTTE TECHNICAL CENTER
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**PRACTICAL NURSING PROGRAM
 PERSONAL NON-CONFIDENTIAL REFERENCE FORM**

Please return this completed form with your application.

To be completed by the Applicant	Date: _____
To: _____ <div style="text-align: center; margin-top: 5px;">Print Reference's Name</div> <div style="text-align: right; margin-top: 5px;">Reference's Phone Number</div> <div style="text-align: center; margin-top: 5px;">Applicant's Name</div>	
<p>has applied for admission to Charlotte Technical Center's Practical Nursing program and has given your name as a reference. Your response to the following questions will help determine the applicant's suitability for Practical Nursing.</p>	
To be completed by the Reference	
1. How long have you known the applicant? _____	
2. What is your association with the applicant? _____	
3. What qualities does the applicant have that you believe would contribute to success as a Practical Nurse?	
4. What do you consider the applicant's strongest characteristics?	
5. Additional remarks concerning this applicant:	
Reference's Signature _____	Date _____

