

CHARACTER REFERENCE FORM

The District of Columbia Board of Nursing Home Administration evaluates the qualifications of applicants for licensure to practice as nursing home administrators in the District of Columbia. The applicant named below has applied for a license to practice as a nursing home administrator and has listed you as a reference to his/her character. Your assistance with this evaluation will assist the Board when considering this applicant for licensure and is greatly appreciated. Please return this form directly to the Department of Health at the address provided at the bottom of the second page.

Applicant Name: _____

Applicant's Address: _____

I HEREBY CERTIFY THE FOLLOWING:

Professional relationship with applicant: _____

Approximate length of time known applicant: _____ Years _____ Months

Are you aware of any personal traits, habits, or conduct which would make the applicant unsuitable to be licensed as a nursing home administrator: _____ Yes _____ No

If yes, please explain _____

To your knowledge, is the applicant free from mental defects and/or drug habits: _____ Yes _____ No

If no, please explain _____

Please evaluate Applicant's performance by indicating with a check* :

	N/A**	POOR	FAIR	GOOD	SUPERIOR
Professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with residents/ responsible parties/staff/colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical/professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For any attribute checked Fair or Poor, please elaborate in part 4. **Unable to evaluate

2. Recommendation for licensure (Please indicate with check):

- | | |
|--|--------------------------|
| 1. Recommend highly without reservation | <input type="checkbox"/> |
| 2. Recommend as qualified and competent | <input type="checkbox"/> |
| 3. Recommend with some reservation (explain below) | <input type="checkbox"/> |
| 4. Do not recommend (explain below) | <input type="checkbox"/> |

3. This evaluation is based on (Please indicate with check):

- | | |
|---------------------------------|--------------------------|
| 1. Close personal observation | <input type="checkbox"/> |
| 2. General impression | <input type="checkbox"/> |
| 3. A composite of evaluations | <input type="checkbox"/> |
| 4. Other (Please specify below) | <input type="checkbox"/> |

4. Please give any additional information, which you feel would aid the Board in determining the qualifications of the applicant (Please use a separate sheet if necessary):

Name (Please Print or Type)

Signature and Title

Address

Date

PLEASE RETURN THIS FORM TO:

DC Board of Long Term Care Administration
Email: dcboltc@dc.gov