

The UAMS Integrated Clinical Enterprise (ICE)

Externship Program

Faculty Reference

Name of Student: _____

School: _____

Date of Graduation: _____

I, _____ give my permission for
(student)

(faculty)

to complete the following faculty reference:

Rank each descriptor by placing an "X" in the selected box.

	Below Average	Average	Above Average	Superior
Initiative				
Quality of Work				
Dependability				
Communication				
Ability to Work Independently				
Ability to Work With Others				

Additional comments/concerns:

Signature of Faculty

Date

***Faculty: Please fax to Nurse Business Office: 501-686-6091**