

**Letter of Professional Reference**  
(Two professional references required)

Applicant's Name (Print): \_\_\_\_\_

**Release of Information:**

I hereby give my permission for the release of information to BOCES regarding my personal character.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The person named above has applied to the Broome-Tioga BOCES Practical Nurse Program. We ask that you complete this letter of reference by filling in the information requested below. The information you provide is confidential and will not be shared with the applicant, but will be used in determining the candidate's qualifications for enrollment. Please describe the capacity in which you have known this person and describe the qualities that you think make the applicant suited for nursing.

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Print) \_\_\_\_\_ Relationship: \_\_\_\_\_  
(supervisor, co-worker, teacher)

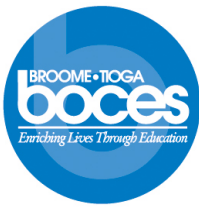
Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

The individual completing the reference, please send completed form to:

**Broome-Tioga BOCES  
Practical Nurse Program MD #45  
500 Main Street  
Johnson City, NY 13790**

*Thank you for your time.*



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