

**REQUEST FOR PROFESSIONAL EVALUATION**  
 (TO EVALUATE APPLICANT FOR APPOINTMENT IN THE USAF NURSE CORPS)  
 (This form is subject to the Privacy Act of 1974 - Use Blanket PAS - AF Form 883)

TO (Evaluator, Professional Title, Affiliation and Address)	FROM (Nurse Recruitment Office)
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**SECTION I. PURPOSE**

\_\_\_\_\_ is applying for a direct commission in the United States Air Force and has requested you be contacted to furnish a professional/personal reference. This reference will be used in evaluating the applicant for appointment as a United States Air Force officer and member of the United States Nurse Corps. The applicant has authorized you in Section II, to release this information. Please complete Section III and return in the enclosed self-addressed, postage paid envelope. Your assistance is appreciated.

DATE	TITLE	SIGNATURE
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**SECTION II. RELEASE OF LIABILITY (To be completed by applicant)**

I hereby release from liability all officials of the United States Air Force, including all representatives of the hospital and its medical staff, for their acts performed in good faith and without malice in connection with evaluating or action concerning my application and my credentials and qualifications. I hereby release from liability any and all individuals and organizations who, in good faith and without malice, provide any and all information to officials of the United States Air Force, including medical facility officers, or to the authorized medical staff representatives, concerning my professional practice, competence, ethics, character and other qualifications for service or employment in the United States Air Force, and I hereby consent to the release of any and all such information. I understand my access to this information is governed by the Privacy Act of 1974.

DATE	TITLE	SIGNATURE
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**SECTION III. GENERAL INFORMATION AND EVALUATION (To be completed by the addressee)**

PLEASE ANSWER QUESTIONS THAT APPLY TO YOUR EVALUATION

- a. Applicant is a graduate/registered nurse under your supervision ? c. This is a peer reference only?  
 YES  NO  YES  NO
- b. Number of years applicant has worked for you: \_\_\_\_\_ years d. Applicant is / was a student in/during \_\_\_\_\_

Please use the rating scale below for the following areas of evaluation. If not observed then write N/A for that block. PLEASE provide narrative

UNSATISFACTORY      AVERAGE      EXCELLENT  
                                  1                    2                    3                    4                    5

AREA OF EVALUATION	RATING	REMARKS
MOTIVATION (Attitude toward work)		
SELF CONFIDENCE AND MATURITY(Responsibility)		
COMMUNICATION (Verbal and written)		
INTEGRITY(Honesty, sincerity and loyalty)		
STABILITY(Performance under stress)		
JUDGEMENT (Clear logical thought and decision making process)		
INITIATIVE(In job and self-improvement)		
COOPERATION (Peer relations; accepts supervision and guidance)		
DEPENDABILITY(Punctual and accurate)		
SOCIABILITY(Courteous and outgoing)		
MANAGEMENT (Resourceful and efficient (Includes students))		
MENTAL ALERTNESS (Retains and understands ideas)		
APPEARANCE (Grooming and posture)		

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

Please rate and provide a brief narrative of this applicant's nursing abilities (Demonstrated proficiency in

BELOW AVERAGE     1     2     3     4     5     EXCELLENT

DATE

PROFESSIONAL POSITION OF EVALUATOR & BUSINESS  
TELEPHONE NUMBER

SIGNATURE