



ASSURANCE HEALTHCARE SERVICES, LLC

12301 OLD COLUMBIA PIKE • SUITE 305, SILVER SPRING, MARYLAND 20904

OFFICE: 301-422-2273 • FAX 301-422-4104

REFERENCE REQUEST FORM

_____ Has applied for a position with Assurance HealthCare Services, LLC., Name of Applicate (Print only) and has provided your name/company as a reference. Your response to the following question is greatly appreciated and will be kept in strict confidence. Thank you for your cooperation and timely response.

I, _____ authorized and request you to provide information concerning my work performance, character and all job related skills.

EMPLOYMENT VERIFICATION

Position/Title:

Dates of Employment:

From: _____/_____/_____ To: _____/_____/_____

Reason for Leaving:

Would you rehire this person? _____ Yes _____ No If not, Why?

PROFESSIONAL REFERENCE

Character Evaluation	Excellent	Above Average	Average	Unsatisfactory
Quality of Work				
Time & Attendance				
Initiative/ Motivation				
Relationship with Colleagues/Supervisor				
Job Knowledge				

Comar 10.09.53.03D. (3) requires PDN agencies to “ensure” each nurse rendering services to participant (pediatric patient) has at least 1 year of clinical experience with includes pediatric direct patient care within the last 2 years. In signing this statement you affirm that this applicant has had at least 1 year of clinical experience which includes pediatric direct patient care within the past 2 years.

CHARACTER REFERENCE

Length of time you have known the applicant:

Applicant's strengths:

Concerns regarding applicant's ability to provide patient care:

Comments:

Person completing request (Print Name):

Title:

Company Name:

Address:

 City:

State:

 Zip:

Phone Number: ()

Email:

Signature

 Date
