

Nursing Program Reference Letter Template (From Previous Employer)

Date: [Insert Date]

To: Nursing Program Admissions Committee

[Name of Institution]

[Program or Department Name]

[Institution Address]

Dear Admissions Committee,

I am writing to provide a reference for **[Applicant's Full Name]**, who worked under my supervision at **[Company/Healthcare Facility Name]** as a **[Applicant's Position/Title]** from **[Start Date]** to **[End Date]**. It is my pleasure to recommend [Applicant's First Name] for admission to your esteemed nursing program.

During [Applicant's First Name]'s tenure at our facility, I was consistently impressed by their clinical skills, professionalism, and compassionate approach to patient care. [He/She/They] displayed a strong work ethic, keen attention to detail, and the ability to thrive in fast-paced medical settings. [Applicant's First Name] often went above and beyond expectations, demonstrating both initiative and reliability in their duties.

One of [Applicant's First Name]'s most notable qualities is [his/her/their] ability to collaborate efficiently within multidisciplinary healthcare teams. [He/She/They] showed respect for colleagues and patients alike, always maintaining open communication, empathy, and a positive attitude even during high-pressure situations. [Applicant's First Name] also continually sought to expand [his/her/their] medical knowledge and skills, reflecting a genuine commitment to professional growth and excellence in patient care.

Based on [his/her/their] performance and dedication, I am confident that [Applicant's First Name] will be an outstanding addition to your nursing program. [He/She/They] possesses the practical experience, judgement, and compassion necessary to succeed in advanced nursing education and to develop into a skilled healthcare professional.

Please do not hesitate to contact me at [Your Email Address] or [Your Phone Number] if you require additional information regarding [Applicant's First Name]'s qualifications.

Sincerely,

[Your Name]

[Your Title/Position]

[Company/Healthcare Facility Name]

[Contact Information]