GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health  
Board of Nursing Home Administration

CHARACTER REFERENCE FORM

The District of Columbia Board of Nursing Home Administration evaluates the qualifications of applicants for licensure to practice as nursing home administrators in the District of Columbia. The applicant named below has applied for a license to practice as a nursing home administrator and has listed you as a reference to his/her character. Your assistance with this evaluation will assist the Board when considering this applicant for licensure and is greatly appreciated. Please return this form directly to the Department of Health at the address provided at the bottom of the second page.

Applicant Name: ________________________________

Applicant’s Address: ________________________________

I HEREBY CERTIFY THE FOLLOWING:

Professional relationship with applicant: ________________________________

Approximate length of time known applicant: _______ Years _________ Months

Are you aware of any personal traits, habits, or conduct which would make the applicant unsuitable to be licensed as a nursing home administrator: _______ Yes _______ No

If yes, please explain______________________________

To your knowledge, is the applicant free from mental defects and/or drug habits:____ Yes____ No

If no, please explain______________________________

1. Please evaluate Applicant’s performance by indicating with a check*: 

<table>
<thead>
<tr>
<th>Attribute</th>
<th>N/A**</th>
<th>POOR</th>
<th>FAIR</th>
<th>GOOD</th>
<th>SUPERIOR</th>
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<tr>
<td>Professional knowledge</td>
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<td>Management skills</td>
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<td>Relationship with residents/responsible parties/staff,colleagues</td>
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<td>Ethical/professional conduct</td>
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<td>Dependability</td>
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<td>Ability to communicate</td>
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*For any attribute checked Fair or Poor, please elaborate in part 4. **Unable to evaluate
### 2. Recommendation for licensure (Please indicate with check):

1. Recommend highly without reservation
2. Recommend as qualified and competent
3. Recommend with some reservation (explain below)
4. Do not recommend (explain below)

### 3. This evaluation is based on (Please indicate with check):

1. Close personal observation
2. General impression
3. A composite of evaluations
4. Other (Please specify below)

### 4. Please give any additional information, which you feel would aid the Board in determining the qualifications of the applicant (Please use a separate sheet if necessary):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name (Please Print or Type) 

Signature and Title 

Address

Date