## NAC Candidate Reference Please return to Human Resources



| Candidate Name ( | print): | GPA: |
|------------------|---------|------|
|                  |         |      |

Instructor/Evaluator Name (print): \_\_\_\_\_ Contact # \_\_\_\_\_

Please use key to rate candidate's performance and include supporting comments/specific examples:

| 5 | Independent                   | 2   | Marginal         |
|---|-------------------------------|-----|------------------|
| 4 | Supervised/Fairly Independent | 1   | Deficient        |
| 3 | Assisted Consistently         | N/A | Unable to assess |

| Performance Indicator             | Score   | Comments  |      |  |  |  |
|-----------------------------------|---|-----------|------|--|--|--|
| Adheres to Policies and           |   |           |      |  |  |  |
| Procedures Performs Technical     |   |           |      |  |  |  |
| Skills                            |   |           |      |  |  |  |
| Makes Sound Decisions (learns     |   |           |      |  |  |  |
| from mistakes)                    |   |           |      |  |  |  |
| Demonstrates understanding of     |   |           |      |  |  |  |
| Role and Responsibilities of NAC  |   |           |      |  |  |  |
| Prioritizes Work and Assignments  |   |           |      |  |  |  |
| Recognizes Changes in Patients    |   |           |      |  |  |  |
| Condition and Effectively         |   |           |      |  |  |  |
| Communicates to Team              |   |           |      |  |  |  |
| Maintains Patient Safety          |   |           |      |  |  |  |
|                                   | Please rate the following using this key: 4 = Always, 3 = Usually, 2 = Sometimes, 1 = Never |           |      |  |  |  |
| Courteous and Respectful in       |   |           |      |  |  |  |
| Communication and Actions with    |   |           |      |  |  |  |
| Clinical Healthcare Team          |   |           |      |  |  |  |
| Courteous and Respectful in       |   |           |      |  |  |  |
| Communication and Actions with    |   |           |      |  |  |  |
| patients and visitors             |   |           |      |  |  |  |
| Goes Above and Beyond what is     |   |           |      |  |  |  |
| Required (give 1 example)         |   |           |      |  |  |  |
| Dependable (attendance and        |   |           |      |  |  |  |
| assignments on time)              |   |           |      |  |  |  |
|                                   |   |           |      |  |  |  |
| Participates equally and resolves |   |           |      |  |  |  |
| conflict within Peer Group        |   |           |      |  |  |  |
| (teamwork)                        |   |           |      |  |  |  |
| Do you recommend candidate        | for hire:   | Yes or No |      |  |  |  |
| Additional comments:              |   |           |      |  |  |  |
|                                   |   |           |      |  |  |  |
|                                   |   |           |      |  |  |  |
|                                   |   |           |      |  |  |  |
| Signature of Evaluator            |   | Title     | Date |  |  |  |

<sup>\*\*\*</sup>Please return to Julie Feller, Harbor Regional Health Community Hospital Human Resources Dept., 915 Anderson Drive, Aberdeen WA 98520. Information is confidential.\*\*\* Thank you!