



70 Market Street • Manchester, NH 03101 • Phone: 603-647-2174 • Fax: 603-647-2175

## THP Transition to LNA Character Reference

**(To be completed ONLY by Nurse Manager, Director or Administrator)**

**THP Applicant Name:** \_\_\_\_\_ **Applicant Phone #:** \_\_\_\_\_

Dear Nurse Manager/Director,

The above LNA has expressed a desire to join a Temporary Health Partner (THP) to LNA Bridge program with LNA Health Careers. Please provide information attesting to the LNA's reliability, honesty, integrity, compassion, enthusiasm, and proficiency in English by completing the chart below.

Characteristics	Please rate on a scale of 1-5. Five being highest.
Reliability	
Honesty	
Integrity	
Compassion	
Enthusiasm	
English language Proficiency	

Feel free to also include any comments on the above characteristics.

Please include why you would recommend this THP for participation in the THP to LNA Bridge program.

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this completed form directly to the LNA Health Careers Admissions office by email:  
[info@lnahc.com](mailto:info@lnahc.com)

Please do not give this completed form back to the applicant as it must be received by the Admissions Office directly from the individual completing the form to be considered official.

Thank you,  
LNA Health Careers Admissions



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