|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Must be completed by someone who has known the applicant in a professional setting) | | | | | | | | | |  |
|  | |  | | | |  | |  |  |  |
| Applicant Name |  |  |  | | |  | |  |  |  |
|  |  |  |  | | |  | |  |  |  |
|  |  | |  | | | | |  | |  |
| Your Name |  | | Company/Agency | | | | | Position/Title | |  |
|  |  |  |  | | |  | |  |  |  |
|  | | | | | | | |  | |  |
| Address |  |  |  | | |  | | Phone | |  |
|  |  |  |  | | |  | |  |  |  |
|  |  |  |  | | |  | |  |  |  |
| How long have you known this applicant? | |  | | | | | | | |  |
| In what capacity? |  |  | | | | | | | |  |
| In your opinion is the applicant qualified for  admission into the health care program? | |  | | | | | | | |  |
| Please Explain. |  |  | | | | | | | |  |
| What qualities do you feel the applicant  possesses that would make him or her a  quality student in Health Care Program? | |  | | | | | | | |  |
| In what areas do you feel that the applicant  could use some improvement? | |  | | | | | | | |  |
| Additional comments? | |  | | | | | | | |  |
|  |  |  |  | | |  | |  |  |  |
| This program requires initiative and the ability to work alone or in groups. Please rank the following criteria for the applicant by checking the applicable box. | | | | | | | | | |  |
|  |  | High | | Medium | Low | | N/A | | Comment |  |
| Shows initiative in work | |  | |  |  | |  | |  |  |
| Ability to speak clearly | |  | |  |  | |  | |  |  |
| Ability to work in groups | |  | |  |  | |  | |  |  |
| Ability to learn independently | |  | |  |  | |  | |  |  |
|  |  |  | |  |  | |  | |  |  |
| Comments: | |  | | |  | |  | |  |  |
| **Signature** |  |  |  | |  | | **Date** | |  |  |