|  |  |
| --- | --- |
| (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** |  |  |