

Invasive Cardiovascular Technologist Westside Program

RECOMMENDATION/REFERENCE FORM

PLEASE PRINT:

I, _____, Invasive Cardiovascular Technologist Program applicant,
Applicant's name

give my permission to _____, to complete this reference form.
Recommending person's name

This information will be used by healthcare organizations to decide if they want to sponsor this student in the program.

TO THE PERSON MAKING THE RECOMMENDATION:

Please rate how strongly you agree with the statements below as they relate to the applicant. Use 4 to indicate "strongly agree" and use 1 to indicate "strongly disagree." Use UNK if that characteristic is unknown to you or does not apply to this applicant.

This person...	(strongly agree)		(strongly disagree)		
1. Has high moral character	4	3	2	1	UNK
2. Is honest and has integrity	4	3	2	1	UNK
3. Is a responsible person	4	3	2	1	UNK
4. Has a genuine concern for people	4	3	2	1	UNK
5. Has a strong work ethic	4	3	2	1	UNK
6. Treats people with respect	4	3	2	1	UNK
7. Works well as a team member	4	3	2	1	UNK
8. Works well independently	4	3	2	1	UNK
9. Communicates well	4	3	2	1	UNK
10. Handles stressful situations well	4	3	2	1	UNK

What do you identify as the applicant's strengths?

What do you identify as the applicant's weaknesses?

Choose one of the following:

- I highly recommend this applicant.
- I recommend this applicant.
- I do not recommend this applicant.

Please complete the following:

I have known the applicant for _____ (years/months).

During this time the applicant was a _____ (student, employee, co-worker, etc.)

at _____ (name of school, business, etc.).

Signature

Phone number

Date

If you have any further comments that you wish to express about this applicant, please write them below:

Thank you for your assistance