REQUEST FOR RECOMMENDATION

The Valley Hospital: Medical Lab Science Program

TO BE COMPLETED BY APPLICANT: **NAME: (Last)** **(First)**

ADDRESS:

Street City State Zip

I waive the right to review this recommendation. _____

Signature of Applicant

TO THE RECOMMENDER: In order to expedite the application process, please return this form as soon as possible to:

Marietta Tomlin, Director of MLS Program
Department of Pathology and Laboratory Medicine
The Valley Hospital
223 No. Van Dien Avenue
Ridgewood, NJ 07450

Applicants to the Medical Technology Program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for a Medical Technology student. All comments and information provided will be kept in the strictest confidence.

PLEASE COMPLETE: I have known the applicant for _____ (months,years), and I know the applicant _____very well _____fairly well _____only casually. My relationship to the applicant was (is) in the following capacity:

_____ Guidance counselor
_____ Teacher
_____ Advisor
_____ Employer
_____ Supervisor
_____ Other (specify) _____

Relative to persons of similar background, training and professional interests, how would you rate the applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.

Characteristics Evaluated	Excellent	Above	Average	Unsatisfactory	Not Applicable
Academic ability					
Written communication skills					
Verbal communication skills					
Leadership skills					
Initiative and motivation					
Assertiveness					
Willingness to cooperate					
Dependability					
Willingness to accept criticism					
Personal appearance					
Emotional maturity					
Integrity					

What do you feel are the applicant's strong points?

Does the applicant have any weaknesses which you feel would hinder his/her ability to perform in a health care setting?

Other comments:

RECOMMENDATION CONCERNING ADMISSION:

____I highly recommend this applicant
____I recommend this applicant
____I recommend this applicant, but with some reservation.
____I am not able to recommend this applicant.

Thank you for your cooperation, The Valley Hospital.

Signature of Recommender :

NAME: _____
TITLE: _____
PHONE #: _____
DATE: _____