

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:

**Linda Atkins, 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	_____ Employer
_____ Teacher	_____ Supervisor
_____ Advisor	_____ 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: _____