



STUDENT REFERENCE FORM FOR ADMISSION TO THE SCHOOL OF:

Please check the applicable school

- Surgical Technology
- Radiologic Technology
- School of EMS

- Medical Laboratory Science
- Histotechnology

APPLICANT PLEASE COMPLETE THIS PAGE TO THE ===== LINE AND FORWARD THE FORM TO YOUR REFERENCE (To assist your reference, please go to the back of this form and write the school you are applying to in the return address area.)

Name of Reference: _____
 Address: _____
 Telephone Number: _____
 Name of Applicant: _____
 Address: _____

APPLICANTS MAY WAIVE THE RIGHT OF ACCESS TO WRITTEN EVALUATIONS AS PROVIDED FOR UNDER THE EDUCATION PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING BELOW EITHER STATEMENT A OR B.

A. I hereby waive my right of access to the confidential evaluation provided by the person named above, and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's Signature _____ Date _____

B. I do not waive my right of access to the confidential evaluation provided by the person named above, and he/she should be notified that I retain my right of access. Thus, the confidentiality of the evaluations is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's Signature _____ Date _____

To the individual completing and submitting this reference:

The above named applicant has requested that you complete and submit a reference form on him/her as a candidate to a Conemaugh Memorial Medical Center School which is indicated above. To find out whether the reference will be confidential, see the choice made by the applicant in the waiver above.

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
 What is the applicant's major area of strength? _____
4. What is the applicant's major area of weakness? _____
5. In your own words, briefly discuss if the applicant would be able to adjust to the hospital environment.

Please check the box which best describes your evaluation of the applicant using the following guidelines:

- 4 -- Excellent
- 3 -- Average
- 2 -- Below Average
- 1 -- Unsatisfactory
- * -- Unable to Evaluate

TRAITS	4	3	2	1	*
INTERPERSONAL RELATION SKILLS (cooperative, tactful, assertive, leadership potential)					
CHARACTER (honest, trustworthy, dependable, responsible, reliable, ethical)					
COMMUNICATIONS SKILLS (articulate, clear, vocal, grammatical, responsive)					
INDUSTRY (diligent, prompt, aggressive, reliable, persistent, good organizer)					
JUDGEMENT (moral, realistic impartial, reasonable, open-minded, rational)					
KNOWLEDGE OF PROFESSION (opportunities, challenges, responsibilities)					
MATURITY (stability, self-awareness, responsive to criticism, self-disciplined)					
MOTIVATION (need to succeed, initiative, commitment)					
PERSONALITY (Patient, humorous, warm, cheerful, positive, confident)					
PERSONAL APPEARANCE (neat, clean appropriate)					
PSYCHOMOTOR SKILLS (agile, coordinated, dexterous)					

Comments: (May use additional paper if needed)

Signature of Reference

Date

PLEASE RETURN THIS REFERENCE FORM TO:

Program Director
 School of _____
 Conemaugh Memorial Medical Center
 1086 Franklin Street
 Johnstown, PA 15905