

# *Danville Regional Medical Center*

## School of Health Professions

### **PROFESSIONAL OR ACADEMIC RECOMMENDATION FORM**

#### **Section 1 (to be completed by applicant)**

Indicate your decision regarding a waiver of the right of access before giving it to the person who will submit it. Give the form and a self-addressed and stamped referral envelope to the person making the recommendation. Have him or her place the completed recommendation into the envelope, seal it and sign across the seal. The envelope should be returned to you and you should return it with your application. **Do not return separately.**

Applicant's Name _____
Last <span style="margin-left: 200px;">First</span> <span style="margin-left: 100px;">M.I.</span>

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational files and all information concerning them. Students are also permitted to waive their right of access to recommendations. The following signed statement is the applicant's wish regarding this recommendation.

<input type="checkbox"/> I waive my right to inspect the contents of the following recommendation.  <input type="checkbox"/> I <b>do not</b> waive my right to inspect the contents of the following recommendation.  _____ Applicant's Signature
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I am making application to one of the following:  Nursing Program     Radiologic Technology Program

#### **Section 2 (to be completed by the person making this recommendation)**

The above individual wishes you to write a letter of recommendation on behalf of his or her application to the DRMC School of Health Professions. Your objective evaluation of the applicant's qualifications would be most appreciated.

How long and in what capacities have you known the applicant? \_\_\_\_\_

Please specify the group to which you are comparing this applicant:

Other high school students       Undergraduate college students       Employees

Characteristic	Outstanding	Above Average	Average	Below Average	No Basis For Judgment
<b>Intelligence:</b> Intellectual curiosity, Quickness to grasp information, Natural ability					
<b>Initiative:</b> Willing to attempt new ideas, Initiates action on own, Energetic, Motivated.					
<b>Communication Skills:</b> Ability to express ideas/thoughts, Ability to comprehend verbal and written directions.					
<b>Reliability:</b> Dependable, Good judgment, Honest, Ability to get along without supervision					
<b>Cooperation:</b> Ability to get along with or help others, Ability to collaborate, Tactful					
<b>Adaptability:</b> Flexible, Resourceful, Resilient					
<b>Emotional Control:</b> Poised, Good temperament, Takes things in stride.					
<b>Work Habits:</b> Follows through, Accurate					
<b>Grooming:</b> Good personal hygiene, Neat					
<b>Ability to analyze a problem and find a solution:</b>					
<b>Overall, How do you rate this applicant?</b>					

**We realize that check off items sometimes do not provide the opportunity to characterize the applicant as fully as you would like. Please give any additional comments regarding the potential of the applicant to be a health care practitioner including remarks concerning maturity, personality, extracurricular activities or any other factors that you feel are important concerning the applicant's aptitude for successful performance within the educational process and/or profession.**

Your overall assessment of the applicant as to his or her ability to complete an educational program in healthcare:

- |   |   |
|---|---|
| <input type="checkbox"/> Strongly recommended         | <input type="checkbox"/> Recommended      |
| <input type="checkbox"/> Recommend with reservations* | <input type="checkbox"/> Do not recommend |

\*Please explain on separate sheet if necessary.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title Phone number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**Please place the completed form in the envelope provided by the applicant.  
Please be sure to seal the envelope and sign across the seal before returning it to the applicant.  
Thank you for assisting us with our self-managed application process.**