



FVCC MEDICAL LABORATORY TECHNOLOGY PROGRAM APPLICANT RECOMMENDATION FORM

Applicant Name _____

INSTRUCTIONS: The applicant is required to submit professional references for the MLT Program. We are only accepting electronic copies. Please complete the fillable form. Save with the applicant's name at the end of the file name and send from your official work address to: jalexand@fvcc.edu and dpacovsky@fvcc.edu

- 1. In what capacity have you been able to observe the applicant's attitude and personal behaviors? NOTE: Only professional references allowed, no personal.
2. How long have you known the applicant?
3. Based on your knowledge of applicant, using the following rating scale, please rate the applicant regarding:

Table with 5 columns: Applicant Qualities, 4, 3, 2, 1. Rows include: 1. Personal hygiene & attire appropriate to situation, 2. Demonstration of ethical and professional behaviors and/or demeanor, 3. Maturity, 4. Sense of Responsibility, 5. Demonstrates initiative, 6. Ability to manage stress, 7. Ability to meet deadlines, 8. Communication and interpersonal skills, 9. Motivation and enthusiasm, 10. Problem solving skills, 11. Acceptance of constructive criticism, 12. Potential for success in an intense, fast paced training program.

- 4. Would you recommend this applicant for admission to the FVCC MLT Program?
This applicant receives my highest recommendation.
I recommend this applicant with confidence.
I recommend this applicant.
I recommend this applicant with reservations.
I would not recommend this candidate.

5. Please use the following space, or attach an additional piece of paper for additional comments pertinent to applicant. All information on this document is kept in strict confidence and will be accessible only to the MLT program faculty.

Empty rectangular box for additional comments.

Name (Printed) _____ Position or Title _____

Place of employment _____

Signature (Can be electronic) _____ Date _____