



University Health Truman Medical Center Laboratory Science Program

Applicant Recommendation Form

_____ (name) is applying for admission into the University Health Truman Medical Laboratory Science Program to complete requirements to qualify for certifications. The goal of the program is to select and graduate outstanding Medical Laboratory Scientists. Please give honest and careful evaluation of this applicant's abilities, as your evaluation is an essential factor in the selection process.

REFERENCE SIGNATURE _____ DATE _____

REFERENCE NAME _____ POSITION _____

ADDRESS _____ PLACE OF EMPLOYMENT _____

Phone number _____

How long have you known the applicant?

In what capacity?

What is your opinion of the applicant's integrity?



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For each of the following categories, please rate the candidate by rating on a scale of 1 to 10, with 1 being lowest and 10 being highest:

	Ranking On a scale of 1 to 10	Comments
Academic Ability		
Reliability		
Motivation		
Manual Dexterity		
Respect/Cooperation With Others		
Response to Constructive Criticism		
Verbal Communication Skills		
Written Communication Skills		
Honesty/Integrity		
Ability to follow oral and Written Instructions		

Please mail or email the completed form to:

Nanette West, MLS Program Director
 Truman Medical Center, Laboratory
 2301 Holmes St.
 Kansas City, MO 64108
 Nanette.West@tmcmed.org