

Confidential Recommendation Form
Blood Bank Technology Program for Continuing Education
Blood Systems

Applicant: Complete the following portion of this form.

Applicant Name _____ SSN _____

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to education records concerning them. Students are permitted to waive their right of access of recommendations. The following signed statement indicates the wish of the applicant regarding this recommendation.

Check one of the following:

_____ I hereby WAIVE my right to inspect the contents of the following recommendation.

_____ I do NOT waive any right to inspect the contents of the following recommendation.

Applicant Signature _____

Name of Recommender _____ Title _____

Institution/Employer _____ Phone _____

Author of Recommendation: Complete the following information and return it in a sealed envelope to Blood Systems Laboratories or the applicant. Place your signature across the flap of the sealed envelope. Please do NOT submit a separate letter of recommendation in addition to this form.

In what capacity have you known this applicant? ____ Supervisor ____ Manager
 ____ Co-Worker ____ Colleague Other _____

How long have you know this applicant? _____

How well do you know this applicant? ____ Very well ____ Somewhat ____ Not Well

Rate the applicant on the following characteristics using the following scale:

5-Outstanding 4-More than satisfactory 3-Satisfactory 2-Needs improvement

1-Unsatisfactory 0-Not observed

Effective Communication

Verbal and/or written 5-----4-----3-----2-----1-----0

Interpersonal Skills

Friendly, cheerful, appropriate 5-----4-----3-----2-----1-----0

Cooperates well with others 5-----4-----3-----2-----1-----0

Professional Appearance

Neat, clean, well groomed 5-----4-----3-----2-----1-----0

Professional Characteristics

Dependable, honest, mature 5-----4-----3-----2-----1-----0

Eager to learn, motivated 5-----4-----3-----2-----1-----0

Leadership qualities, respected by others 5-----4-----3-----2-----1-----0

Profession Work Habits

Well-organized, self-disciplines 5-----4-----3-----2-----1-----0

Capacity for Independent Critical Thinking

Problem-solving skills 5-----4-----3-----2-----1-----0

Emotional Stability

Reaction to stress, poise, control 5-----4-----3-----2-----1-----0

Inspires confidence 5-----4-----3-----2-----1-----0

Additional Comments:

Please provide any additional comments that you think would be helpful in the assessment of the applicant's ability to successfully complete an academic program to prepare leaders for the healthcare industry.

Overall Assessment of the Applicant:

<input type="checkbox"/> Highly Recommend	<input type="checkbox"/> Recommend with Reservation
<input type="checkbox"/> Recommend without reservation	<input type="checkbox"/> Do Not Recommend

Sign below and return this form in a sealed envelope (put our signature across the flap of the sealed envelope) to Blood Systems Laboratories or the applicant. This form must be returned to complete the application process.

Recommender's Name _____

Recommender's Signature _____ Date _____

Tina Gross
Blood Systems Laboratories
2424 W. Erie
Tempe, AZ 85282