

Baptist Health College Little Rock

11900 Colonel Glenn Rd, Suite 1000
Little Rock, AR 72210
501-202-6200/ 1-800-345-3046
Fax 501-202-6220

RECOMMENDATION FORM

APPLICANT: Complete information in box below: Forward to an individual, not a relative, in a position to comment on your qualifications for entering a Baptist Health school. RECOMMENDER, please return form directly to above address. Recommendations brought in by the applicant will not be accepted.

Name: _____				
Last	First	Middle	Maiden	
Name of program for which you are applying: _____				
I hereby waive my right to have access to this recommendation form and understand that the contents are confidential.				
Applicant Signature: _____			Date: _____	

RECOMMENDER: The above individual has made application to a BAPTIST HEALTH School. Your assistance by completing this form is needed. The information you provide will be used by the Selection Committee. Complete both sides of the form.

1. How long have you known the applicant? _____ In what capacity? _____

2. What characteristics do you consider to be applicant's strengths? _____

3. What characteristics do you consider to be applicant's weaknesses? _____

4. Do you have full confidence in applicant's integrity? Yes _____ No _____

Explain briefly: _____

5. As far as you know, does applicant have any physical/mental handicap or health problem which might limit learning ability or success in the healthcare field? Yes_____ No_____ Explain briefly:_____

6. Do you know of problems the applicant has with any of the following? If yes please comment.

Alcohol: Yes___ No___ Legal Matters: Yes___ No___ Criminal background: Yes___ No___

Illegal drug use, sale or manufacture: Yes___ No___ Other:_____ Comments (if applicable): _____

7. Rate the applicant in terms of the qualities listed by checking the appropriate spaces below:

Characteristics	Superior	Good	Fair	Poor	No Basis for Judgment	Comments
Intellectual ability						
Dependability						
Emotional stability						
Attitude						
Motivation						
Ability to get along with others						
Ethical behavior						
Self confidence						
Maturity						
Initiative						

8. Indicate below your overall recommendation of this applicant:

- _____ Highly recommend
- _____ Recommend
- _____ Recommend, but with reservation
- _____ Do not recommend

9. Use the space below to make additional comments.

Recommender signature:_____ Date:_____

Recommender Name (Type or Print): _____ Position/Title: _____

Place of employment:_____ Employment Address:_____

Telephone: Home:_____ Business:_____ E-mail:_____