



NM CLINICAL SCHOOLS RECOMMENDATION

Educationally/Professionally Related

Note to the applicant: Enter your name below. Give this form (with an envelope marked “Recommendation”) to the individual you have asked to provide a reference. The reference should complete this form and return it to you in the envelope provided. **Do not open the envelope. Mail it to us in your completed application packet.**

I hereby waive any rights I may have to this recommendation form when completed. Furthermore, I understand that this confidential recommendation is to be used only in consideration of my application to the program.

Applicant’s Signature:

Date:

Name of Applicant: _____

Name of Reference: _____

Note to the reference: Your assessment of this applicant will greatly assist the Admissions Committee in its decision. The recommendations are an important part of the application process and your time in furnishing this information is greatly appreciated. If you wish to write a letter *in addition to this form*, please enclose it in the same envelope with this completed recommendation form.

After completing this form, place it in the envelope provided. **Return it to the applicant**, who will forward it to the program, unopened, with his/her completed application package.

1. How long and in what capacity have you known the applicant?

2. What characteristics do you consider to be the applicant’s principle strengths and talents?

3. In what areas, if any, can the applicant improve?

4. Using the chart below, please give your appraisal of the applicant relative to other individuals you have known in a similar capacity. Mark with an "X".

	Exceptional (top 2%)	Excellent (top 15%)	Average	Below Average	Not Observed
Intellectual ability					
Maturity					
Motivation					
Ability to work with others					
Creativity/Imagination					
Self-confidence					
Leadership potential					
Ability to analyze problems and formulate solutions					
Oral communication skills					
Written communication skills					

Describe briefly the population against which you are rating the candidate.

5. Use the space provided below to note any additional comments concerning the applicant, particularly his/her aptitude for an education and career in healthcare.

Overall Rating:

Strongly Recommend Recommend Recommend with reservations Don't recommend

Name: _____

Title: _____ **Employer:** _____

Business Address: _____

Signature

Date