



COLLEGE OF HEALTH

**Allied Health Science Bldg. Suite 148
3211 Providence Drive
Anchorage, Alaska 99508-8371**

Voice: 907-786-4346

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GENERAL RECOMMENDATION CONCERNING

Name of Applicant: _____
Last First MI Previous Name(s)

TO THE CANDIDATE:

This form will not be placed in your application file if you fail to sign below. Recommendations from past or current employers or university instructors are suggested.

PLEASE NOTE THIS IS A CONFIDENTIAL RECOMMENDATION

By signing below, I acknowledge this recommendation is confidential and I waive all my rights of access to this recommendation, whether visual, oral or written, as provided in the Family Educational Rights and Privacy Act of 1974 and its amendments. I understand that this recommendation will not be available for my inspection now or in the future.

Candidate's Signature and Date
Must be signed and dated to be valid

TO THE RECOMMENDER:

Under no circumstances should you complete this form and return it to the Surgical Technology Program if the above named applicant has failed to sign in the appropriate place. Thank you for your cooperation in this matter.

The person whose name appears on this form wishes to ask you for a recommendation regarding his or her suitability for admission into the Surgical Technology Program. Your honest and careful statement and evaluation will be appreciated by this applicant as well as this program. Please mail this form directly to UAA's Surgical Technology Program at the address listed above. Faxed or scanned & e-mailed forms are accepted. Please email to uaa_surgicaltech@alaska.edu.

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

2. When were you last associated with the applicant?

3. What do you consider to be the main qualities of strength and weakness of this applicant? If possible, give examples.

4. Does the applicant like to work with people? ☐ Yes ☐ No
What experiences has this applicant had which supports your answer?

5. Rating Form - Check the box that best describes each quality for this applicant

	Excellent	Good	Average	Fair	Poor	Unknown
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Learning Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Manage Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write any additional comments on a separate sheet of paper.

Please indicate your endorsement of this applicant by checking one of the following:

☐ Highly Recommend ☐ Recommend ☐ Uncertain ☐ Do Not Recommend

Signature

Date

Printed Name

Occupation/Position/Title

Printed Address

Telephone Number