Drs Brickle & Self Rural Health Champion Award
Applicant Reference Request

Applicant name:

Relationship with applicant: ☐ Instructor/Professor ☐ Supervisor ☐ Mentor ☐ Other

Dates you worked with applicant:

Please rate the applicant on the following criteria (1=poor, 5=excellent)

1. Critical thinking skills	○ 1	○ 2	○ 3	○ 4	○ 5
2. Professional demeanor	○ 1	○ 2	○ 3	○ 4	○ 5
3. Adherence to policies & procedures	○ 1	○ 2	○ 3	○ 4	○ 5
4. Ability to accept constructive feedback	○ 1	○ 2	○ 3	○ 4	○ 5

Is the applicant dependable? Do they arrive at work/school on time?

What are the applicant's strong points? Weak points?

Are there any behaviors that affect work performance?

Do the applicant work well independently?

How does the applicant handle work-related stress?

How does the applicant get along with other people (Co-workers, classmates, or patients)?

Do you feel that this applicant may be well-equipped to live and work in a rural setting after graduation?

Summary Recommendation (Choose one):

○ I recommend this applicant without reservation ○ I recommend this applicant with reservations

○ I do not recommend this applicant ○ I don't have the info to make a recommendation

Additional comments, information, recommendations regarding applicant:

Reference Name: **Date:**

Name of Academic Institution or Organization: **Phone:**

I am a faculty educator overseeing this student, and attest to the applicant's good standing in their educational program.

☐ **Yes** ☐ **No**

Your Signature: