



***Allied Health Professional
New Graduate Reference Request***

APPLICANT INFORMATION

I authorize you to release to Catawba Valley Medical Center any information you may have available concerning my clinical performance in the allied health program and release you from any liability whatsoever for issuing the requested information.

Applicant (Please Print)

First	Middle	Last
Signature		Date

CLINICAL INSTRUCTOR INFORMATION

The above applicant has applied for employment and requests you to complete this reference form. Please check the column which most clearly characterizes your appraisal of this applicant in the clinical environment. Please place the completed form in the provided envelope and return to Catawba Valley Medical Center. Thank you.

CATEGORY	Exceptional	Commendable	Average	Weak
Attendance/Punctuality				
Character				
Clinical Knowledge				
Communication Skills				
Interpersonal Skills				
Leadership Potential				
Maturity				
Motivation				
Organizational Skills				
Personal Appearance				
Problem Solving Skills				
Professionalism				

In comparison with the others in the class, how would you rank this student?

- Upper 10% Upper 25% Middle Lower 25% Lower 10%

Additional Comments:

Clinical Instructor Name (Please Print)

Signature	Date
Title	Institution