Applicant Name:_______________________________________

PROFESSIONAL RECOMMENDATION

☐ **Registered Nursing (requires 3 recommendations)**

☐ **Practical Nursing** ☐ **Massage Therapy** ☐ **Medical Assisting (require 2 recommendations)**

Applicant: Please fill in your name and program above. The following page must be completed by someone who knows you well and is at least 21 years of age. Recommendations from family members are not accepted. OIAH accepts recommendations on this form only.

Reference: Please answer the following questions. You may use an additional page, if necessary. You may return the recommendation by fax (937) 237-0506 or in a sealed envelope. Use your signature across the seal as proof of confidentiality. Keep a copy for your records.

REFERENCE NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	PHONE:		
HOW LONG HAVE YOU KNOWN THE APPLICANT?			
IN WHAT PROFESSIONAL CAPACITY (FAMILY/FRIENDS ARE NOT ACCEPTABLE)?			
IN YOUR OPINION, IS THE APPLICANT QUALIFIED FOR ADMISSION INTO THIS PROGRAM? ☐ YES ☐ NO			

Please rank the applicant's soft skills compared to their peers on a scale of 1-5, where 1 is significant below their peers, 2 is below their peers, 3 is average ability, 4 is above their peers and 5 is significantly above their peers.

	1	2	3	4	5	UNKNOWN
Ability to empathize	☐	☐	☐	☐	☐	☐
Ability to interact with clients/patients	☐	☐	☐	☐	☐	☐
Ability to communicate with co-workers	☐	☐	☐	☐	☐	☐
Ability to work in stressful situations	☐	☐	☐	☐	☐	☐
Ability to be a team player	☐	☐	☐	☐	☐	☐
Time management ability	☐	☐	☐	☐	☐	☐

What qualities do you feel the applicant possesses that would make him or her a professional allied health provider?

In what areas do you feel that the applicant could use improvement? Sighting no areas for improvement detracts from the creditability of this recommendation.

Please note any additional comment on the back or a separate page. By signing I acknowledge that this recommendation is true to the best of my knowledge and was kept confidential from the applicant.

Signature: Date: