

NORTH ARKANSAS COLLEGE
SURGICAL TECHNOLOGY PROGRAM

APPLICANT REFERENCE FORM

REFERENT NAME/ADDRESS:

RETURN TO: Scott Kernodle
 Director of Surgical Technology
 1515 Pioneer Drive
 Harrison, AR 72601

STUDENT: _____ has applied for admission to the surgical technology program. Please give us your candid opinion of the applicant's suitability for the duties of a technologist. All information will be kept confidential. It is not a kindness to recommend someone who is not suited for this type of work.

Please mail back **AS SOON AS POSSIBLE** to the program director at above address. This applicant will not be considered for the surgical technology program until this reference form is returned.

How long have you known this person? _____

Describe your relationship (employer, teacher, etc., no relatives please) _____

Circle the appropriate number to rate this applicant's behavior from your experience with him/her.

(Grading Criteria on Back page)					
Unsatisfactory	Needs Improvement	Average	Above Average	Excellent	
1	2	3	4	5	Dependability
1	2	3	4	5	Judgement/decision making
1	2	3	4	5	Enthusiasm
1	2	3	4	5	Initiative/motivation
1	2	3	4	5	Maturity
1	2	3	4	5	Trustworthiness
1	2	3	4	5	Communication skills
1	2	3	4	5	Interpersonal skills
1	2	3	4	5	Copes with stress
1	2	3	4	5	Organization/work habits

Were you aware that this applicant was interested in a health care career? _____

In your opinion, is this applicant well-suited for a career in health care? _____

Why or why not? _____

Name (Please Print): _____

Title: _____ Phone: _____

Signature: _____ Date: _____

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APPLICANT REFERENCE FORM CRITERIA

Unsatisfactory: Unacceptable performance

Needs Improvement: Below expectations

Average: Meets expectations

Above Average: Exceeds expectations

Excellent: Outstanding performance

