

**COMMITTEE ON MEDICAL LABORATORY EDUCATION  
PERSONAL REFERENCE**

**NAME OF APPLICANT:**

(First Name)

(Middle)

(Last)

**Applicant's Waiver of Right to Access:**

The Family Educational Rights and Privacy Act of 1974, as amended, (PL 93-380), allows a candidate for admission to waive his or her right of access to confidential statements written on his or her behalf if the recommendation is used solely for the purposes of admission ; and if the candidate, upon request, is notified of the names of all persons making such recommendations on his or her behalf. The Committee on Medical Laboratory Education does not require that you make such a waiver as a condition for admission. However, under the legislation, you have the option of signing such a waiver as follows:

I hereby voluntarily      waive,      do not waive my right to examine this confidential evaluation.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**I. How long have you known the applicant?**

In what capacity have you known the applicant?

How well do you know the applicant?      Very well      Fairly well      Slightly

**For Questions II to X, please darken or click on the appropriate rating.**

**II. QUALITY OF PERFORMANCE**

5. Requires minimum supervision and completes work accurately and on a timely basis
- 4.
3. Requires some supervision and completes work accurately most of the time
- 2.
1. Needs direct supervision to correct frequent errors
- NA Unable to evaluate

**III. DEPENDABILITY/ATTENDANCE**

5. Always punctual, very conscientious and dependable; minimal absenteeism
- 4.
3. Usually punctual; absenteeism average/acceptable; usually reliable
- 2.
1. Poor in punctuality; excessive absenteeism; unreliable
- NA Unable to evaluate

**IV. INITIATIVE/COOPERATION**

5. Energetic, enthusiastic; a self-starter; performs all tasks willingly and without complaint
- 4.
3. Average enthusiasm; sometimes needs encouragement; does only what is assigned
- 2.
1. Does just enough to get by or seldom finishes a task; lazy; uncooperative
- NA Unable to evaluate

**V. PERSONAL APPEARANCE**

5. Displays a professional demeanor; dresses appropriately for the occasion
- 4.
3. Generally neat and clean, somewhat more casual than preferred
- 2.
1. Dresses inappropriately; hygiene needs improvement
- NA Unable to evaluate

**VI. STABILITY/ACCEPTANCE OF CRITICISM**

- 5. Tactful, even-tempered, tolerates pressure and accepts constructive criticism well
  - 4.
  - 3. Sometimes frustrated and confused; usually accepts constructive criticism well
  - 2.
  - 1. Has difficulty under stress; loses temper, especially when offered constructive criticism
- NA Unable to evaluate

**VII. DECISION-MAKING ABILITY**

- 5. Makes decisions quickly and intelligently after evaluating information
  - 4.
  - 3. Usually makes the best decision after some thought; sometimes uncertain
  - 2.
  - 1. Unable to set priorities; often changes mind; unsure; makes poor choices
- NA Unable to evaluate

**VIII. COMMUNICATION SKILLS**

- 5. Communicates well with others; outgoing, positive attitude
  - 4.
  - 3. Hesitant and sometimes uncomfortable in communicating with others
  - 2.
  - 1. Shy, very reserved; avoids meeting and interacting with others
- NA Unable to evaluate

**IX. HONESTY/INTEGRITY**

- 5. Above reproach; truthful; readily admits mistakes and corrects them, or seeks help
  - 4.
  - 3. Usually admits mistakes; generally seeks help to correct them
  - 2.
  - 1. Hides errors or blames them on others; not trustworthy; would probably cheat on an exam
- NA Unable to evaluate

**X. IF YOU WERE RESPONSIBLE FOR ACCEPTING/HIRING THIS APPLICANT, YOU**

- 5. Would definitely hire or accept
- 4. Would probably hire or accept
- 3. Would hire or accept with reservations
- 2. Would hire or accept if only the last resort
- 1. Would not hire or accept

**XI. NARRATIVE (NOT REQUIRED BUT VERY MUCH APPRECIATED)**

The Admissions Committee would appreciate a letter, or additional comments, describing specific examples that demonstrate the character, abilities, or pertinent background of this applicant. Thank you for your time.

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**EVALUATOR**

Signature: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE RETURN THIS FORM BY OCTOBER 15 TO**

Meredith Loosbrock, MS, MLS (ASCP)  
COMLE Coordinator  
Sanford USD Medical Center  
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Sioux Falls SD 57117-5039