

Reference for WellSpan Phlebotomy Training Program

REFERENCE FORM FOR (Applicant name): _____

York

Name of individual giving this reference: _____

Franklin

The above person has applied to the WellSpan Health Phlebotomy Training Program and we would appreciate your input. **Click in a box to check it. Comments can be typed by selecting the box and typing your comments.**

Adams

Please rate this applicant in regard to the following:

Lebanon

| | Above Average | Average | Below Average | Not Applicable | Comments |
|-----------------------------|---------------|---------|---------------|----------------|----------|
| Maturity | | | | | |
| Integrity | | | | | |
| Motivation/Initiative | | | | | |
| Cooperation with others | | | | | |
| Dependability | | | | | |
| Organizational skills | | | | | |
| Accuracy of work | | | | | |
| Ability to accept criticism | | | | | |

Additional Comments:

Length of time you have known this individual: _____

Relationship with this individual: (please check one)

Friend
 Relative
 Co-worker
 Neighbor
 Teacher
 Other _____

SUMMARY: (Please check one)
 Highly Recommend
 Recommend with Reservation
 Do Not Recommend

SIGNATURE _____ DATE: _____

To submit this form you may need to save it on your device in order to return it by email. **Please do not return a photograph of this form. Only PDFs will be accepted.** Printed forms must be scanned and emailed in PDF format. If you do not have access to a scanner there are apps available that allow you to use your phone to scan a page and convert it to PDF.

Completed reference form should be e-mailed to the WellSpan Phlebotomy Training Program: phlebotomytraining@wellspan.org

Questions?: Amber Rayman-Saul – Phlebotomy Training Program Manager: arayman-saul@wellspan.org