

**AUSTIN STATE HOSPITAL MEDICAL LABORATORY SCIENCE PROGRAM
APPLICANT REFERENCE FORM**

Applicant Name: _____

INSTRUCTIONS: The applicant is required to turn in professional references with their Austin State Hospital Medical Laboratory Science Program Application. **We are only accepting electronic copies.** Please complete the form, **save with the applicant's name at the end of the file name** and send from *your official work address to:* ASHMLSPprogram@hhsc.state.tx.us.

1. In what capacity have you been able to observe the applicant's attitude and personal behaviors? **NOTE:** Only professional references allowed, no personal.

☐ Faculty ☐ Supervisor ☐ Other, please describe: _____

2. How long have you known the applicant?

☐ Less than 6 months ☐ 6 months to 1 year ☐ 1-3 years ☐ 3-5 years ☐ Greater than 5 years

3. Based on your knowledge of applicant, using the following rating scale, please rate the applicant regarding:

4-Outstanding 3-Good 2-Average 1-Below Average

Attitude and Behaviors	4	3	2	1
a. Personal hygiene & attire appropriate to situation				
b. Demonstration of ethical and professional behaviors and/or demeanor				
c. Maturity				
d. Sense of Responsibility				
e. Demonstrates initiative				
f. Ability to manage stress				
g. Ability to meet deadlines				
h. Communication and interpersonal skills				
i. Motivation and enthusiasm				
j. Problem solving skills				
k. Acceptance of constructive criticism				
l. Potential for success in an intense, fast paced training program.				

4. Would you recommend this applicant for admission to the Austin State Hospital Medical Laboratory Science Program?

☐ This applicant receives my highest recommendation. ☐ I recommend this applicant with reservations
☐ I recommend this applicant with confidence. ☐ I would not recommend this candidate
☐ I recommend this applicant.

5. Please use the following space to add additional comments pertinent to the applicant. All information on this document is kept in **strict confidence** and will be accessible only to the MLS program officials.

Name (Printed): _____ Position or Title: _____

Place of employment: _____

Signature (Can be electronic): _____ Date: _____