



**Marshall University Joan C. Edwards School of Medicine
Health Care Pipeline Initiative Program**



Reference Form

Student Last Name: _____ Student First Name: _____

In what capacity have you known the applicant? _____ How long have you known the applicant?
 ____ Years **Please check (√) the following questions indicating how you feel the applicant would meet the criteria as an HCPI participant.**
 Then, indicate whether this is your "Opinion" from general knowledge of the applicant or first-hand "Knowledge" if you have actually worked with the applicant in a situation where he/she displayed these specific characteristics. E - Excellent; G - Good; F - Fair; P - Poor

	E	G	F	P	Opinion	Knowledge
Working with Others						
A. Peers						
B. Adults						
C. Fairness with others						
D. See things from other viewpoints						
Leadership Skills						
A. Guides others						
B. Plans and organizes						
C. Manages time efficiently						
D. Delegates responsibility						
E. Motivates others						
F. Has initiative to do things without being told						
Responsibility						
A. Will obey rules						
B. Maturity in handling problems						
C. Sound judgment						
D. Observe and follow through with all duties, assignments, and responsibilities						
Personal Skill and Concept						
A. Self-confidence						
B. Enthusiastic						
C. Good role model						
D. Positive attitude						
E. Restrain from alcohol/drug use						
F. Restrain from use of profanity						

Are you aware of any facts demonstrating that the applicant should not be considered by as a Health Care Pipeline Initiative participant?

_____ No | _____ Yes, explain. _____

Would you recommend this teen to serve as a Health Care Pipeline Initiative participant? _____ Yes _____ No

Do you have any additional comments concerning the suitability of this applicant as a Health Care Pipeline Initiative participant? _____

Reference Name: _____ Reference Signature: _____

Reference Email Address: _____

Position/Title/Unit/Address: _____

Cell Phone Number: _____ Work Phone Number: _____