

**MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES  
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE**

**REFERENCE FORM**

Dear Sir/Madam:

The person named below is applying to the Physician Assistant Program at Southern Illinois University Carbondale. A candid appraisal of this applicant is greatly appreciated. Please return this form to the applicant in a sealed envelope that you have signed across the flap. The applicant will be responsible for returning all materials to the PA Program. Thank you. **Applicants will not have the right to review nor will they be given this assessment. References from relatives or close friends will not be accepted.**

Applicant: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Please Print)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_ Title: \_\_\_\_\_

**To the Recommender:**

How well do you know the candidate? \_\_\_\_\_ Very Well      \_\_\_\_\_ Fairly Well      \_\_\_\_\_ Slightly

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Have you been involved in a business, personal or family relationship with this applicant? \_\_\_ Yes \_\_\_ No

If yes, in what capacity? \_\_\_\_\_

Are you related to this applicant? \_\_\_\_\_ Yes      \_\_\_\_\_ No

Overall impression of this applicant:

Applicant's major strengths for PA profession:

Applicant's major weaknesses for PA profession:

Applicant's initiative to learn new material on his/her own:

Compare this applicant to other health care professionals you have known, if possible:

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Please circle the appropriate rating for this applicant and give brief comments regarding the following factors:

	<u>Excellent</u> 4	<u>Good</u> 3	<u>Fair</u> 2	<u>Poor</u> 1	N/A
1. Motivation Comments: _____					
2. Maturity Comments: _____					
3. Interpersonal Relations Comments: _____					
4. Empathy Comments: _____					
5. Judgment/Critical Thinking Comments: _____					
6. Reliability Comments: _____					
7. Intellectual ability Comments: _____					
8. Self-confidence Comments: _____					
9. Quality of work Comments: _____					

10. Overall Recommendation: (please check one below)

Highly Recommend     Recommend     Recommend with Reservations     Do not Recommend

\_\_\_\_\_  
Recommender's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Area Code/Phone Number

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Date