



SURGICAL FIRST ASSISTANT PROFESSIONAL REFERENCE FORM

One Stop Student Services - onestop@cw.edu - 208.562.3000
MS 3000 - 5500 E. Opportunity Dr. - Nampa, ID 83687 - cw.edu/SFA

This form is used to provide a professional reference for applicants of College of Western Idaho's [Surgical First Assistant](#) program.

APPLICANT INFORMATION

APPLICANT: Please complete the information below prior to forwarding this form to your chosen reference.

LAST NAME	FIRST NAME	M.I.
ADDRESS	CITY	STATE ZIP
		() -
STUDENT ID	PHONE	

REFERENCE INFORMATION

REFERENCE: Please complete the remaining sections of this form in reference to the applicant above.

LAST NAME	FIRST NAME	M.I.
TITLE	COMPANY / AGENCY	
ADDRESS	CITY	STATE ZIP
		() -
SURGICAL SPECIALTY	PHONE	

RELATIONSHIP TO APPLICANT

Approximately how many years have you observed the applicant in a Certified Surgical Technologist role?

Months: _____ Years: _____

In which facility did you observe the applicant?

If selected for the program, would you be willing to serve as one of the applicant's proctors?

- Yes
 No
 Unsure



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APPLICANT RATING

In table below, rate each characteristic from superior to below average according to your opinion of the applicant.

CHARACTERISTIC	SUPERIOR	ABOVE AVERAGE	NEUTRAL	AVERAGE	BELOW AVERAGE
Flexibility					
Responsibility					
Capability to Learn					
Anticipation of Needs					
Cooperation with Others					
Ability to Follow Procedural Progressions					
Initiative					
Enthusiasm					
Compliance with Directions					
Punctuality					
Reliability					
Trustworthiness					

Comments:

REFERENCE ACKNOWLEDGEMENT

SIGNATURE

DATE

RETURN TO APPLICANT: Place this form in a sealed envelope, sign across the seal to ensure official recognition, and return to the applicant for submission.