



REFERENCE FORM-SURGICAL FIRST ASSISTANT
 One Stop Student Services - onestop@cw.edu - 208.562.3000 cw.edu

Applicant Instructions: The reference form must be submitted IN A SEALED ENVELOPE with your completed application. Please fill out the top portion with your information prior to giving it to your references.

Reference Instructions: Return reference in a sealed envelope to applicant. Sign across the seal of the envelope for official recognition. Do not fax or mail to CWI.

STUDENT INFORMATION

LAST NAME FIRST NAME M.I. PHONE NUMBER (INCLUDING AREA CODE)

ADDRESS CITY STATE ZIPCODE

CWI STUDENT ID#

SURGICAL FIRST ASSISTANT
 2 PROFESSIONAL REFERENCES
 MUST BE SURGEONS

RELATIONSHIP TO STUDENT

Approximately how many years have you observed this potential student in the scrub role?

At which facility

Please check in the space below to indicate your opinion of the applicant. Your comments will be available to the selection.

| CHARACTERISTICS | SUPERIOR | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | NOT KNOWN |
|--|----------|---------------|---------|---------------|-----------|
| FLEXIBILITY | | | | | |
| ACCEPTS RESPONSIBILITY | | | | | |
| LEARNING CAPABILITIES | | | | | |
| ABILITY TO ANTICIPATE YOUR NEEDS | | | | | |
| WORKS WELL WITH OTHERS | | | | | |
| ABILITY TO FOLLOW PROGRESSIONS OF PROCEDURES | | | | | |
| INITIATIVE / ENTHUSIASM | | | | | |
| FOLLOWS DIRECTIONS | | | | | |
| PUNCTUALITY | | | | | |
| RELIABILITY / TRUSTWORTHY | | | | | |

If selected to the program, would you be willing to serve as one of this student's proctors? _____ Yes, _____ No, _____ Unsure currently.

OTHER COMMENTS: (YOU CAN ALSO USE THE BACK OF THIS FORM OR WRITE AN ADDITIONAL LETTER)

SIGN THIS WORKSHEET

Signature and Title: _____ Date: _____

Surgical Specialty: _____

Print Name: _____ Company/Agency: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____