Reference for WellSpan Phlebotomy Training Program

REFRENCE FORM FOR (Applicant name):_____

Name of individual giving this reference:_____

☐ York
☐ Chambersburg
☐ Gettysburg
☐ Lebanon
☐ Evangelical

The above person has applied to the WellSpan Health Phlebotomy Training Program and we would appreciate your input. **Click in a box to check it. Comments can be typed by selecting the box and typing your comments.** Please rate this applicant in regard to the following:

	Above Average	Average	Below Average	Not Applicable	Comments
Maturity	☐	☐	☐	☐	
Integrity	☐	☐	☐	☐	
Motivation/Initiative	☐	☐	☐	☐	
Cooperation with others	☐	☐	☐	☐	
Dependability	☐	☐	☐	☐	
Organizational skills	☐	☐	☐	☐	
Accuracy of work	☐	☐	☐	☐	
Ability to accept criticism	☐	☐	☐	☐	

Additional Comments:

Length of time you have known this individual:

Relationship with this individual: (please check one)

☐ Friend ☐ Relative ☐ Co-worker ☐ Neighbor ☐ Teacher ☐ Other_____

SUMMARY: (Please check one) ☐ Highly Recommend ☐ Recommend with Reservation ☐ Do Not Recommend

SIGNATURE_____ DATE:_____

To submit this form you may need to save it on your device in order to return it by email. **Please do not return a photograph of this form**. Only PDFs will be accepted. Printed forms must be scanned and emailed in PDF format. If you do not have access to a scanner there are apps available that allow you to use your phone to scan a page and convert it to PDF.

Completed reference form should be e-mailed to the WellSpan Phlebotomy Training Program: phlebotomytraining@wellspan.org

Questions?: Amber Rayman-Saul – Phlebotomy Training Program Manager: arayman-saul@wellspan.org