

## REFERENCE REQUEST FORM

**TO THE APPLICANT:** Complete this section with your name, address and signature. Distribute reference request forms and self-addressed envelopes to your references. The completed reference forms, each in a sealed envelope with the reference writer's signature across the flap, must be included in your application packet. Once submitted to the Admissions office, this form becomes the property of the Primary Care Associate Program and the right to review application materials is only applicable to matriculated students. **Please print or type neatly using black ink.**

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant must sign one of the following:

I waive my right to review this reference form.

I retain my right to review this reference form.

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**TO THE EVALUATOR:** The Stanford University-Foothill College Primary Care Associate Program trains Physician Assistants (PA) for practice in primary care with medically underserved communities. Your evaluation of the applicant's suitability for medical practice in these areas and commitment to the PA role is important. Please complete all areas of this form and elaborate on each characteristic in the spaces provided. Return the completed form to the applicant in a sealed envelope. **Please sign the sealed envelope across the flap.** This reference form is part of a packet that must be postmarked by **September 1, 2013**. Please return it to the applicant in a timely fashion. If you have any questions about this form, please contact our Admissions Office at (650) 725-6959.

Name \_\_\_\_\_ Title/Department \_\_\_\_\_

Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

1. In what capacity and for how long have you known this applicant?

2. Assess the applicant's clinical performance.

3. Assess the applicant's oral and written communication skills.

4. Assess the applicant's adaptability, flexibility and initiative.

5. What are the applicant's greatest strengths relative to a career as a Physician Assistant?

6. What are the applicant's greatest weaknesses relative to a career as a Physician Assistant?

7. Check the box that best describes the candidate. Comments can be added below.

Please score 1-5 (5 being the highest score)	Outstanding 5	Excellent 4	Good 3	Fair 2	Poor 1	Not Observed
Personal integrity/Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Overall recommendation concerning admission. (Check one)

- The applicant has my highest recommendation.  I recommend the applicant with some reservations.  
 I recommend the applicant with no reservation.  I do not recommend the applicant.

9. Additional comments (Optional). You may attach a separate sheet.