



Name of Program: _____

Name of Applicant: _____

Reference Letter Request

The above-named applicant has applied for admission to the above school at Center for Allied Health Education. We would like you to provide pertinent information concerning this applicant. Would you kindly tell us about this person's qualifications, educational background and/or employment record? (All letters of recommendation must be on official letterhead.)

Please consider the following questions in providing insight into the applicant:

1. How long have you known the applicant and in what capacity?
2. Will the applicant be able to work and adapt to the healthcare setting?
3. Will this applicant accept responsibility and be reliable?
4. Would you recommend this applicant for acceptance into our school?

Please include the name of the program that the applicant is applying for in the letter. Please return letters of recommendation directly to:

**Center for Allied Health Education
1401 Kings Highway
Brooklyn, NY 11229**

Center for Allied Health Education appreciates your time and thanks you for your assistance.