



Reference Request Form
Central Application Service for Physician Assistants (CASPA)

Applicant Instructions

Applicant: John Q. Public 20090900055
Name CASPA ID #

Three references are required to complete your application and CASPA will accept only three references for each applicant. CASPA recommends you consider requesting references from individuals capable of assessing your suitability and preparation for a health career and academia. Such individuals might include physicians, PAs or other health care providers and academicians. Be aware that some programs may require specific recommendations and therefore may require additional references as part of a secondary application.

Please complete the following information and furnish a copy of this form to your designated references along with a stamped envelope addressed to: **CASPA, P.O Box 9108, Watertown, MA 02471**

Waived references are often of greater value in assessing an applicant's qualifications. Please read the statement below and indicate your preference with regards to the confidentiality of this evaluation.

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:

- ☐ I waive my right to inspect the contents of the reference.
☒ I do not waive my right to inspect the contents of the reference.

Applicant's Signature: Applicant Signature Required Date: _____

Evaluator Instructions

Please complete the following information along with Part I and II of this reference form and return directly to CASPA in the stamped-envelope provided by the applicant. Please sign the back of the envelope across the sealing flap.

Contact Information furnished by Applicant:

Evaluator's Name: Dr George Washington
Occupation: Professor
Address: 110 Main St
City: Syracuse
State: NY Zip: 15151
Daytime Phone: 800-555-1313

Evaluator: Please update any information:

Evaluator's Name: _____
Occupation: _____
Address: _____
City: _____
State: _____ Zip: _____
Daytime Phone: _____

How long have you known the applicant: _____ Years _____ Months

In what capacity? ☐ Employer/Supervisor ☐ Instructor/ Professor ☐ Colleague/Coworker
☐ Advisor ☐ Internship/Job Shadowing ☐ Other

	5	4	3	2	1	
Intellectual Ability						
Written Communication Skills						
Oral Communication Skills						
Maturity						
Adaptability						
Team Skills						
Dependability						
Conflict Resolution						
Interpersonal Skills						
Awareness of Limitations						
Reaction to Criticism						
Patient Interaction						
OVERALL EVALUATION						

- ☐ Recommend without Reservation
- ☐ Recommend
- ☐ Recommend with Reservation
- ☐ Do not Recommend

Evaluator's Signature: Evaluator Signature Required Date: _____

Part II: Letter of Reference

Personal references are a valued and integral part of the admissions process. Physician assistant programs seek individuals who have the potential for success in a rigorous educational program and possess the personal attributes required to become a competent and compassionate healthcare professional.

Please submit a **letter of reference on professional letterhead** for the above named applicant.

- Comment on the applicant's motivation and suitability for a role as a healthcare provider
- Consider the applicant's qualities in the grid above as well as integrity, ability to work with others, commitment and cultural sensitivity.

The Admissions Committee is aware of the time and care necessary to prepare this evaluation and gratefully acknowledges your help. Your prompt response in submitting this form is essential to a timely decision.

Thank you for your assistance.