

**Ozarks Technical Community College
Medical Laboratory Technician and Phlebotomy Reference**

MLT Program with Phlebotomy: Application Deadline: February 15 for MLT & PLB 100 (2nd 8-week block with summer clinicals)

Student should verify that their application is complete before the deadline.

Applicant's Name: _____ Date: _____

How applicant is known to you _____

Dates: From _____ To _____

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The above named applicant has applied for admission to the Medical Laboratory Technician program.  
**This reference needs to be completed by a professional contact and not a family member or friend.**

**Your Response Will Be Kept Confidential**

Applicant hereby authorizes individual/business/firm/institution to whom this form has been addressed to issue any information regarding their service, character, personality and competencies, and do hereby unconditionally release named individual/business/firm/institution from all liability for any damage whatsoever which might result from furnishing this information.

| Rating                      | Outstanding | Above Average | Average | Below Average | Poor | No Information |
|-----------------------------|-------------|---------------|---------|---------------|------|----------------|
| Attendance/punctuality      |             |               |         |               |      |                |
| Ability to work with others |             |               |         |               |      |                |
| Emotional stability         |             |               |         |               |      |                |
| Dependability               |             |               |         |               |      |                |
| Motivation/enthusiasm       |             |               |         |               |      |                |
| Sense of humor              |             |               |         |               |      |                |
| Communication skills        |             |               |         |               |      |                |
| Gives best effort to task   |             |               |         |               |      |                |

If it were your job to employ in this field, would you employ this applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how this person relates with other people. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments may be added to the back of this form.

Signature of reference \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

**Directions:**

- Email to [alliedhealth@otc.edu](mailto:alliedhealth@otc.edu) (preferred method)
- Fax to (417) 447-8806
- Hand-deliver to the Allied Health Office (Lincoln Hall, room 210)
- Mail the completed form to:

Allied Health Office  
Ozarks Technical Community College  
1001 East Chestnut Expressway  
Springfield MO 65802-3625